

Health Information and Quality Authority  
Social Services Inspectorate

Inspection report  
Designated centres for older people



<b>Centre name:</b>	Bushmount Nursing Home Ltd
<b>Centre ID:</b>	0292
<b>Centre Address:</b>	Clonakilty Co Cork
<b>Telephone number:</b>	023-8833991
<b>Fax number:</b>	023-8835499
<b>Email address:</b>	bushmountnursinghome@eircom.net
<b>Type of centre:</b>	<input checked="" type="checkbox"/> <b>Private</b> <input type="checkbox"/> <b>Voluntary</b> <input type="checkbox"/> <b>Public</b>
<b>Registered provider:</b>	Bushmount Nursing Home Ltd
<b>Person in charge:</b>	Claire O'Donovan
<b>Date of inspection:</b>	27 April 2011 and 28 April 2011
<b>Time inspection took place:</b>	<b>Day-1 Start:</b> 09:00hrs <b>Completion:</b> 16:45hrs <b>Day-2 Start:</b> 08:50hrs <b>Completion:</b> 14:30hrs
<b>Lead inspector:</b>	Patricia Sheehan
<b>Support inspector(s):</b>	Cathleen Callanan
<b>Type of inspection:</b>	<input checked="" type="checkbox"/> <b>Registration</b> <input type="checkbox"/> <b>Scheduled</b> <input checked="" type="checkbox"/> <b>Announced</b> <input type="checkbox"/> <b>Unannounced</b>

## About inspection

The purpose of inspection is to gather evidence on which to make judgments about the fitness of the registered provider and to report on the quality of the service. This is to ensure that providers are complying with the requirements and conditions of their registration and meet the standards; that they have systems in place to both safeguard the welfare of service users and to provide information and evidence of good and poor practice.

In assessing the overall quality of the service provided, inspectors examine how well the provider has met the requirements of the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland* under the following topics:

1. Governance and leadership: how well the centre is organised.
2. The quality of the service.
3. How well the healthcare needs of residents are met.
4. Premises and equipment: appropriateness and adequacy.
5. Communication: information provided to residents, relatives and staff.
6. Staffing: the recruitment, supervision and competence of staff.

This report summarises the findings of the inspection under some or all of these topics, highlighting areas of good practice as well as areas where improvements were required as follows:

**Evidence of good practice** – this means that an acceptable standard was reached and the provider demonstrated a culture of review and improvement and aimed to drive forward best practice.

**Some improvements required** – this means that practice was generally satisfactory but there were areas that need attention.

**Significant improvements required** – this means that unacceptable practice was found.

The report also identifies minor issues, where applicable, to which the provider should give consideration to enhance the quality of the service.

**Registration inspections** are one element of a process to assess whether providers are fit and legally permitted to provide a service. The registration of a designated centre is for three years. After that the provider must make an application for registration renewal at least six months before the expiration date of the current registration. New providers must make an application for first time registration 6 months prior to the time the provider wishes to commence.

In controlling entry to service provision, the Chief Inspector of Social Services is fulfilling an important regulatory duty under section 40 of the Health Act 2007. Part of this duty is a statutory discretion to refuse registration if the Chief Inspector is not satisfied about a provider's fitness to provide services, or the fitness of any other person involved in the management of a centre.

The registration inspection is one element for the Chief Inspector to consider in making a proposal to the provider in respect of registration. Other elements of the process designed to assess the provider's fitness include the information provided in the application to register, the Fit Person self-assessment and the Fit Person interviews. Together these elements are used to assess the provider's understanding of, and capacity to, comply with the requirements of the regulations and the Standards. Following assessment of these elements, a recommendation will be made to the Chief Inspector and the formal legal process for registration will proceed. As a result, this report does not outline a final decision in respect of registration.

The report is available to residents, relatives, providers of services and members of the public, and is published on our website [www.hiqa.ie](http://www.hiqa.ie).

## About the centre

### Description of services and premises

Bushmount Nursing Home was originally constructed as a purpose-built nursing home in 1956 with a number of extensions to the original building. It provides long-stay, respite, convalescent and palliative care and is registered for the care of 37 residents. There were 37 residents at the time of inspection, some of whom had dementia, and included two residents under 65 years.

The building is two-storey and L-shaped with flat roofs and is a protected structure. The entrance opens into a spacious reception area with corridors to the right and left. To the right are bedrooms, a lounge, toilets and bathrooms, and to the left is a lounge, the administration and nurses' office, two dining areas, separated by a kitchen with a serving hatch on both sides, and staff facilities. A lift and stairs provide access to the first floor which has essentially the same layout with the addition of a chapel and extra bedrooms.

With the completion of an extension to the main building in June 2011 there will be 54 single bedrooms and an activities room. Currently, there are 37 single bedrooms in total, all of which have wash-hand basins. There are 15 bedrooms on the ground floor, six of these have en suite toilet and shower, and there are two communal toilets and two bathrooms with toilets. There are 22 bedrooms on the first floor, seven of these have en suite toilet and shower and there are two communal toilets and two bathrooms with toilets. An additional three toilets on this floor are not assisted toilets.

The external grounds are well landscaped and contain manicured lawns, mature trees and compact shrubbery. Car parking facilities are provided at the front of the building and there is a ramped walkway with handrails leading to the main entrance.

### Location

Bushmount Nursing Home is situated on a site of seven acres occupying a central location in the town of Clonakilty, Co Cork.

<b>Date centre was first established:</b>	1956
<b>Number of residents on the date of inspection</b>	37
<b>Number of vacancies on the date of inspection</b>	0

<b>Dependency level of current residents</b>	<b>Max</b>	<b>High</b>	<b>Medium</b>	<b>Low</b>
<b>Number of residents</b>	0	7	21	9

## Management structure

There are two Directors, Sean and Anne Collins, with the former as the person applying to act as Registered Provider on behalf of the limited company, Bushmount Nursing Home Ltd. The Person in Charge, Claire O'Donovan, reports to the directors. Nursing, care staff and activity staff report through an Assistant Director of Nursing to the Person in Charge and ancillary staff report directly to the Person in Charge.

Staff designation	Person in Charge	Nurses	Care staff	Catering staff	Cleaning and laundry staff	Admin staff	Other staff
Number of staff on duty on day of inspection	1	1-2*	4-6**	2	3	1	***

\* Two until 14:00hrs and one after 14:00hrs

\*\* Six until 14:00hrs and four from 14:00hrs until 20:00hrs with an additional shift of 16:30hrs until 22:30hrs

\*\*\* Activity coordinator and maintenance staff

## Summary of findings from this inspection

This announced registration inspection took place over two days and was the centre's second inspection by the Health Information and Quality Authority. As part of the registration process, the provider had to satisfy the Chief Inspector of Social Services that he was fit to provide the service and that the service will comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

Inspectors reviewed resident and relative questionnaires and spoke with residents, relatives, staff and management. Operational policies and procedures, staff rosters and care records were examined. Inspectors also followed up on actions arising from the previous inspection and found that all of the actions had been addressed, or were being addressed by the provider as part of the refurbishment and extension scheduled for completion by 30 June 2011.

Fit Person interviews were carried out with the provider and person in charge separately. They both understood the key differences in their roles and had satisfactory knowledge of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*. The Fit Person self-assessment was completed by the person in charge and reviewed by the provider. This self assessment document was reviewed by inspectors, along with all the information in the registration application form and associated documents.

There was evidence of very good practice and a commitment to developing and sustaining a person-centred culture. Both provider and person in charge showed a commitment to continuous improvement and the centre was highly organised and well managed. Residents were treated with respect and courtesy and enabled to take an active part in the centre. Provision of healthcare was of a high standard and there were dedicated staff for the promotion of purposeful activities. Staff were recruited and supervised appropriately with regular staff training and development facilitated. The premises were clean and very well maintained. The feedback received from residents and relatives was extremely positive and indicated a high level of satisfaction with the care provided.

There were some areas where improvements were required. These improvements included;

- reviewing the risk management policy to ensure it details arrangements for incident management and learning from serious events
- ensuring quarterly care planning including medication reviews for all residents to reflect their changing needs or circumstances
- reviewing the complaints policy and procedures
- providing easy access to the garden area.

The Action Plan at the end of this report identifies all the areas where improvements are needed to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*

### Comments by residents and relatives

Inspectors interviewed five residents and four relatives and spoke with other residents during the inspection. Inspectors also received feedback from five residents' questionnaires and 10 relatives' questionnaires.

Residents stated that they felt safe, well cared for and that their needs were met. One resident said "the staff are kind and helpful" and another said "everyone helps me and I couldn't be in a better place". One resident commented that "having lived five years by myself I realise the things I was missing and now I have them". Relatives agreed, with one commenting "it is a very happy place and the staff are always in good form and my aunt loves them all" and another who said "the nurses and carers all have time to stop and talk to residents or relatives". Another relative stated that her father was encouraged to do whatever he could for himself with due consideration to his safety

Relatives said that they were made to feel welcome at all times when visiting and were pleased with the quality of information provided. They felt able to talk to the nurses and person in charge at any time. Residents and relatives all knew whom to approach if they had an issue or concern and were satisfied with the level of staffing. Examples of comments from relatives were that staff were caring and considerate and respected privacy and dignity, and the centre was well managed. Two specific comments from relatives were: "I would like to emphasise my mother has the best of care and most of all she is happy in the nursing home", and, "the nursing care is excellent".

Residents commented on their enjoyment of the activities provided and being able to choose what they wanted to do. A relative talked about the choices her mother has, as "she can get up and go to bed when she wants or stay in bed if she chooses and take part in activities or not as she pleases".

Residents spoken to said that the food was excellent and that they looked forward to their meals. They and their relatives approved of how their personal belongings were looked after.

The information received from residents and relatives without exception indicated a high level of satisfaction with all aspects of care and management of the centre. Only one relative commented on a change they would like which was for residents to be able to access the garden area at the back of the premises and a resident commented on his desire for lunch and tea to be at a later time. These comments were considered during the inspection.

## Overall findings

### 1. Governance: how well the centre is organised

**Outcome:** The centre is well organised and managed and complies with the requirements of the Health Act 2007, the regulations and standards.

**Good governance involves the effective and efficient deployment of resources in accordance with the stated purpose and function of the centre. Governance includes setting clear direction for the service, a commitment to continual improvement and having a system in place to effectively assess and manage risk.**

#### Evidence of good practice

The provider and person in charge understood the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland* as demonstrated in their Fit Person interviews and during the inspection. There was a clear commitment to improving practice as demonstrated by the identification and implementation of improvements resulting from the Fit Person self-assessment. For example, reviews of practices against the standards for respecting privacy and dignity, consultation with residents the management of complaints and the quality of care planning, to include general practitioner (GP) consultation, had been implemented. The building of an extension provided opportunities to upgrade facilities in the existing building with plans to install a new call bell system and satellite television.

There was evidence of a robust management structure in place and a well run centre. The person in charge was well supported in her role through twice weekly meetings with the provider and an assistant director of nursing who deputised in the absence of the person in charge. Staff interviewed were aware of the management structure and they confirmed that the person in charge and her deputy were extremely approachable and supportive. All the required records and documents were maintained in a highly organised manner.

The statement of purpose set out the aims, objectives, and ethos of the centre and the services and facilities provided and contained information for all matters as listed in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

A quality assurance and continuous improvement system had begun with the implementation of, for example, monthly and quarterly care practice reviews, chart audits, incident reviews and employee files monitoring. A quality assurance calendar assisted the person in charge in her regular monitoring of the quality of care and experience of the residents.



The person in charge had ensured that notifiable events were submitted to the Chief Inspector in a timely manner and the directory of residents contained all the required information with respect to the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended). The insurance certificate specified the level of insurance cover for accidents or injury to residents, staff and visitors, and for loss or damage to the property of residents. Inspectors saw that records of residents' finances were maintained and that records were kept of money and other valuables deposited by a resident for safe-keeping. A health and safety statement and emergency plan, which included arrangements for alternative accommodation in the event residents were not able to return to the centre, was in place.

Inspectors saw that a fire safety register was maintained which included annual records of fire safety training and servicing of fire fighting equipment, daily checking of fire exits and the fire alarm panel, quarterly servicing and testing of the fire alarm system, and quarterly fire drills which included all staff. The means of escape from the premises were unobstructed and procedures for the safe evacuation of residents were frequently displayed. All staff interviewed confirmed their knowledge of how to proceed in the event of a fire. Written confirmation from a suitably qualified person that the premises met all statutory requirements relating to fire safety and building control will be submitted when the refurbishment and extension have been completed.

### **Some improvements required**

Inspectors reviewed the risk management policy and found that the identification and assessment of risks with precautions in place had been completed in many clinical and non-clinical areas and that there was a pro active approach taken to the management of risks. As new hazards were identified by any staff member, risk assessments were completed and controls identified. However, a potential hazard area of an easily accessible open stairway had not been risk assessed and precautions had not been identified to control risks of assault, aggression and violence, and self harm. Accidents were recorded and investigated and there was evidence of a system in place to review incidents; however, these arrangements for incident managing and learning were not included in the policy.

The person in charge was the nominated person to deal with all complaints and there was a comprehensive policy in place for the making, handling and investigation of complaints. Inspectors reviewed the complaints log and saw that complaints were investigated and outcomes recorded including whether the complainant was resolved. Staff interviewed conveyed an understanding of how to receive and respond to a complaint and residents and relatives considered the environment conducive to being able to raise issues and make suggestions in a spirit of openness. However, the policy and displayed complaints procedure directed complainants on referring their complaint to the Authority and did not detail how to access the appeals process. The information on the complaints process in other documents, such as the statement of purpose and Residents' Guide, did not always accord with each other.

## 2. Quality of the service

**Outcome: Residents receive a good standard of service, appropriate treatment and are treated with courtesy and respect.**

**A quality service is one where residents are protected from harm or abuse, where practice is person-centred, where rights are protected, where residents are enabled to play an active part in the centre and where management, staff and residents work together towards continuous improvement.**

### Evidence of good practice

Inspectors found that there were opportunities for residents to engage in meaningful activities throughout the week. Two part-time activities coordinators were responsible for providing a range of activities which inspectors saw were based on the results of assessments of individual interests. An inspector met with one of the activities coordinator, reviewed the comprehensive activity programme, and observed residents engaged in activities such as card playing, yoga, games and exercises. Residents were asked if they wished to join in and residents informed inspectors that they were aware of the activities available and that they enjoyed them. Inspectors found that the activity programme also met the needs of residents with cognitive impairment. There were specific therapeutic activities focused on enhancing communication and an inspector observed a resident with cognitive impairment being assisted to sort and fold clothes while sitting in the lounge. Relatives and staff confirmed that such activities were part of ongoing practice for residents with dementia.

Residents who described the routine of their day to inspectors said they were given a choice about what to wear, when to get up and when to go to bed, and what activities they wished to join. Inspectors saw that while many residents participated in organised activities, others chose to sit and read or talk to each other. Inspectors observed that staff addressed each resident with courtesy and respect and afforded privacy and dignity by keeping doors closed during personal care, and knocking before entering. There was evidence in case records of resident consent being obtained for such things as photos and information storage in line with best practice guidelines. Relatives confirmed that residents were always well groomed and that a hairdresser visited regularly. Religious preferences were respected with the provision of both Church of Ireland and Roman Catholic services, and residents and relatives commented on the benefits of having a chapel with a daily service. A voting register was maintained to facilitate residents in the exercise of their civil and political rights.

An inspector joined residents for lunch and found the meal to be of high quality and presented in an attractive manner. Residents spoken with said they greatly enjoyed the food and there was always a choice offered at meals. Inspectors observed that lunch was served in both dining areas in order to afford all residents a dining

experience. Inspectors saw that some residents required assistance with their meal and staff provided this assistance in an appropriate manner.

A residents' committee meets quarterly as a means of providing opportunities for residents to contribute to decisions and influence change. Inspectors reviewed minutes of these meetings, and saw that issues raised were recorded, including actions taken. Meetings were facilitated by the volunteer advocate and the activities coordinator.

An inspector discussed end-of-life care with nursing staff who described person centred practices such as a resident's family being facilitated to be with them and the emphasis on providing appropriate care and comfort to each resident approaching end-of-life. The end-of-life policy and procedures addressed the provision of appropriate care and comfort to meet a resident's physical, emotional, psychological and spiritual needs and consideration of residents' autonomy in regard to wishes and choices.

Inspectors saw that residents were facilitated to maintain relationships with their families. There were no set times for residents to receive their visitors and the latter were welcomed in a friendly manner by staff. Family members said that they were encouraged to take their relatives out of the centre and inspectors saw evidence of this during the inspection. Connections were maintained with the local community by means of regular outings, the involvement of three volunteers and weekly excursions to the town market which was confirmed in staff, resident and relative interviews.

The person in charge stated that she aimed to promote a restraint free environment and inspectors saw that there was appropriate assessment for the use of a lap belt restraint, including the risks involved in using the restraint, for one resident. There was also adequate assessment carried out for three residents who used bedrails, with evidence of alternatives to bedrails explored and records maintained of the period of bedrail use. An inspector observed an incident where residents showed challenging behaviour and saw that the staff interaction with the residents involved was skilled and appropriate.

Staff interviewed were knowledgeable of how to respond appropriately to suspicions or allegations of abuse or neglect and adult protection training had been provided to staff. There was a policy on adult protection which outlined satisfactory procedures for the prevention of and response to abuse.

### **Minor issues to be addressed**

There was no record maintained of the number of residents participating in the resident committee meetings.

### 3. Healthcare needs

**Outcome: Residents' healthcare needs are met.**

**Healthcare is integral to meeting individual's needs. It requires that residents' health, personal and social care needs are assessed and reviewed on an ongoing basis, within a care planning process, that is person centred. Emphasis is firmly placed on health promotion, independence and meaningful activity.**

#### Evidence of good practice

Opportunities to promote the general health of residents were provided. There were regular exercise programmes and inspectors saw many residents walking around the centre, some with assistive equipment or with staff assistance. There was evidence of monthly recording and monitoring of vital signs and weight. Inspectors saw that fluid balance and nutritional intake records were maintained as required, snacks and drinks were offered during the day, and drinking water was readily available. A varied selection of fresh fruit was offered to residents in the morning and residents and relatives confirmed this was daily practice.

Information on special dietary needs, as well as individual resident preferences, was available to the kitchen staff and planned seasonal menus were reviewed by an inspector which indicated the provision of a varied and nutritious diet.

The admissions procedure was clear and the potential resident and their family were welcome to visit the centre before making any decisions, and the questionnaires received from relatives confirmed this practice. Residents had a choice of general practitioner (GP) services and an out-of-hours GP service was available. Records reviewed demonstrated regular GP visits. Appropriate assessment tools were used, for example, to assess manual handling needs, level of continence, and nutrition. There were individualised interventions in place to manage falls as required based on each resident's assessment. Inspectors examined records and saw evidence of good management of continence and the absence of pressure sores.

An inspector saw that referrals to, and follow up from allied health services, such as chiropody, physiotherapy, occupational therapy, optical and dental, and to specialist health services, such as the consultant geriatrician, were being maintained in a consistent manner. An in-house physiotherapist service had recently begun and there was evidence of these assessments informing the care plans.

There was evidence of best practice in relation to all aspects of medication management, including self administration, in accordance with professional regulatory requirements. Inspectors saw that considerable improvement in medication management documentation had taken place since the first inspection.

There was appropriate prescribing of medicines by GP's, and appropriate medication management practices in regard to prescribing, administration, storage and disposal of medicines which reflected the medication management policy. There were two prescription sheets without photo identification and this was corrected before the end of the inspection.

### **Some improvements required**

An inspector reviewed a sample of six care plans and found that there was evidence of regular reassessment of health, personal and social care needs, including a comprehensive social profile, and quarterly care planning to meet these assessed needs. There was evidence that the resident or relative had read care plans as signatures were seen by inspectors and this involvement with care plan development was confirmed by relatives. However, there was no written evidence for one identified individual, to confirm that the resident received regular medical review from a GP and the arrangements to meet this resident's mental health needs, such as review by the appropriate health specialist, were not detailed in the care plan. The person in charge said that this individual did receive regular medical review but acknowledged that the documentation of such reviews was not available for inspectors.

## **4. Premises and equipment: appropriateness and adequacy**

**Outcome: The residential care setting provides premises and equipment that are safe, secure and suitable.**

**A good physical environment is one that enhances the quality of life for residents and is a pleasant place to live. It meets residents' individual and collective needs in a comfortable and homely way, and is accessible, safe, clean and well-maintained. Equipment is provided in response to the assessed needs of each of the residents and maintained appropriately.**

### **Evidence of good practice**

Inspectors found that there was suitable and sufficient communal space with appropriate lighting and ventilation. Communal areas were bright and well maintained with a variety of seating. There were adequate numbers of toilets and bathrooms, with some of the doors painted in a lavender colour to aid in the orientation of residents. The day rooms and dining rooms were comfortable and pleasant in décor. There was a private area available if residents wished to spend quiet time alone or have some privacy with their family and visitors.

There was secure and comfortable private space and inspectors found that privacy and dignity was enhanced by the layout and design of the premises. Bedrooms were single with en suite toilet and shower facilities and of sufficient size to allow for visitors to sit comfortably and for adequate storage of personal belongings.

Residents interviewed reported a general feeling of safety and security and confirmed that keys were available to their individual bedrooms if they wished to lock the door. Access to main doors was by means of a keypad system. Sufficient handrails assisted residents with moving around safely and independently and corridors were spacious.

The kitchen was adequate in size and of a suitable layout to cater for residents' needs. It was well equipped, clean, and well organised with appropriate storage facilities. Recommendations from a recent environmental health inspection, such as improving dry storage, were being implemented at the time of this inspection.

Staff demonstrated an understanding of effective cleaning and infection-control practices and inspectors observed a very high level of cleanliness. Supplies of protective equipment such as plastic aprons and latex gloves were readily available, and inspectors observed staff using them in addition to the antimicrobial hand-wash gels which were also available. Clinical waste management was satisfactory and there were adequate sluicing and laundry facilities with plans in place to upgrade the latter.

Inspectors observed that there was appropriate assistive equipment available, including pressure relieving mattresses, with sufficient storage. Maintenance records for such equipment were viewed and were up-to-date.

### **Some improvements required**

The external grounds were well maintained and landscaped with appropriate outside furniture and residents and relatives spoke of how they enjoyed going outside and the summer events that took place there. However, inspectors observed that access to the garden area at the back of the premises remained difficult for residents, which was identified as an improvement at the first inspection, and during the inspection when the weather was very warm there were no residents outside in the garden area. The provider and person in charge said that improved access to the back garden would be facilitated when the extension was completed.

There was no smoking within the centre and inspectors observed a couple of residents who went outside to have a cigarette. However, in inclement weather there was no appropriate shelter outside to accommodate the needs of these residents who smoked.

There were not adequate facilities for staff as regards accommodation for changing and the storage of belongings.

### **Minor issues to be addressed**

The signage to assist residents with cognitive impairment in orientation to their environment was not sufficient.

## **5. Communication: information provided to residents, relatives and staff**

**Outcome: Information is relevant, clear and up to date for residents.**

**Information is accessible, accurate, and appropriate to residents' and staff needs. Feedback is actively sought from residents and relatives and this informs future planning and service provision. Information is recorded and maintained in accordance with legal requirements and best practice and is communicated to staff on a need to know basis to ensure residents' privacy is respected.**

### **Evidence of good practice**

Staff were heard by inspectors communicating in a respectful manner and all residents spoken with complimented the staff on their kind and caring disposition, which was also confirmed by relatives. There was an extremely high level of staff engagement with residents at all times during the inspection. Written information about events was provided to residents and relatives by means of a notice board and there was access to radio, television, and newspapers.

Relatives reported in questionnaires and related in interviews with inspectors that they were kept informed appropriately by staff and management, and that the person in charge was approachable to discuss issues as necessary. Other relatives told inspectors that they could speak to the person in charge or staff nurse at any time and that staff also contacted them if there was any change to their relative's condition or treatment/care plan. Inspectors observed interactions between staff and the person in charge, and between staff and residents/relatives, and noted that a culture of open communication existed. Staff wore name badges and residents were aware of the names of staff.

There were effective staff information systems which consisted of regular staff meetings and staff handovers that incorporated care assistants alongside nurses. Inspectors saw the minutes of staff meetings and their regular occurrence was confirmed by interviews with staff. Inspectors saw that resident records were kept up-to-date, in good order, and securely stored.

Staff interviewed had an understanding of the regulations and standards and all the required policies as listed in Schedule 5 of Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) were available.



### **Some improvements required**

Inspectors reviewed the content of the Residents' Guide and found that it contained good and accurate information for residents. However, it omitted a copy of the actual care contract and the recent inspection report and the complaints procedure was not clear in regards to the appeals process. The Residents' Guide had not yet been made available to residents.

### **Minor issues to be addressed**

Not all policies were dated, signed and referenced and staff did not routinely sign off the policies to show they had read them.

## **6. Staff: the recruitment, supervision and competence of staff**

**Outcome: Staff are competent and recruited in sufficient numbers to meet residents' needs.**

**Staff numbers and skill-mix are determined by the size and complexity of the service and there should be sufficient competent staff on duty, both day and night, to meet the needs of residents. Robust recruitment and selection procedures ensure the appointment of suitably qualified and experienced staff. Staff are supported in their work by ongoing training and supervision.**

### **Evidence of good practice**

Staff numbers were appropriate to the needs of the residents as confirmed by a review of staff rotas, observation by inspectors, discussion of staffing levels with the person in charge and comments by relatives and residents. There were dedicated laundry, catering, administrative and maintenance staff. The inspector observed nursing and care staff being attentive to residents and performing their duties in a timely manner and residents spoken with said that they considered there was enough staff on duty. Interviews with staff confirmed that their focus was on resident welfare and not the completion of tasks and that the incorporation of a late evening care assistant shift allowed for routines to be flexible to suit residents' preferences, such as taking a bath in the evening before bed.

Inspectors reviewed the recruitment policy and procedures and observed that practice reflected policy. A sample of staff personnel files viewed by inspectors were extremely well organised with excellent integration of all records pertinent to an individual staff member's employment and they met all the criteria set out in Schedule 2 in Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended). Staff interviewed spoke of their recruitment, structured induction, and probation period prior to being offered a permanent post, and there were job descriptions for all staff positions. Inspectors saw a recently developed staff handbook which had been introduced to promote best practice in human resources management. Inspectors saw evidence in personnel files of annual staff appraisals to improve performance and to facilitate staff development.

Staff interviewed demonstrated a full understanding of their roles and responsibilities and said they enjoyed their work and felt very well supported by the nursing management team. Inspectors reviewed a sample of nurses' registration with their professional body and found that they were up-to-date. Care assistants were facilitated to complete the Further Education and Training Awards Council (FETAC) Level 5 and eight of the 16 care assistants had currently achieved this qualification.

Inspectors viewed training records and saw evidence of a staff training programme in place to maintain the skills of the workforce. Training included, for example, food

hygiene processes, infection control, venepuncture, palliative care, dementia care and challenging behaviour. Mandatory training requirements in fire safety, elder abuse and manual handling had also been met. Staff told inspectors that they were encouraged to undergo continuing education courses.

### **Some improvements required**

The person in charge described the service of volunteers who came into the centre, for example the volunteer who provided an advocacy service. The volunteers had been vetted and received supervision and support; however, their roles and responsibilities had not been set out in a written agreement.

## Closing the visit

At the close of the inspection visit a feedback meeting was held with the provider, person in charge, assistant director of nursing, and administrator to report on the inspectors' findings, which highlighted both good practice and where improvements were needed.

### Acknowledgements

The inspectors wish to acknowledge the cooperation and assistance of the residents, relatives, provider and staff during the inspection.

#### *Report compiled by:*

Patricia Sheehan  
Inspector of Social Services  
Social Services Inspectorate  
Health Information and Quality Authority

5 May 2011

Chronology of previous HIQA inspections	
Date of previous inspection:	Type of inspection:
16 July 2010	<input type="checkbox"/> Registration <input checked="" type="checkbox"/> Monitoring <input type="checkbox"/> Follow-up inspection  <input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced

### Provider's response to inspection report \*

<b>Centre:</b>	Bushmount Nursing Home Ltd
<b>Centre ID:</b>	0292
<b>Date of inspection:</b>	27 April 2011 and 28 April 2011
<b>Date of response:</b>	20 May 2011

#### Requirements

These requirements set out what the registered provider must do to meet the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

#### 1. The provider has failed to comply with a regulatory requirement in the following respect:

The hazard of an easily accessible open stairway had not been risk assessed, precautions had not been identified to control the risks of assault, aggression and violence, and self harm and the arrangements for incident managing and learning were not included in the policy.

#### Action required:

Ensure the hazard of an easily accessible open stairway is risk assessed and precautions identified to control the risks of assault, aggression and violence, and self-harm.

\* The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

<b>Action required:</b>	
Ensure the arrangements for incident managing and learning are included in the risk management policy.	
<b>Reference:</b>	
Health Act 2007 Regulation 31: Risk Management Procedures Standard 26: Health and Safety Standard 29: Management Systems	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
<p>Provider's response:</p> <p>A risk assessment has been completed on the main stairway as discussed.</p> <p>A risk assessment and policy on dealing with assault, aggression, and violence and self-harm will be completed by June 30th 2011.</p> <p>The risk management policy will be reviewed and updated to ensure it reflects our arrangements for incident managing and learning by 30 June 2011.</p>	30 June 2011

<b>2. The provider has failed to comply with a regulatory requirement in the following respect:</b>
The complaints policy and displayed complaints procedure guided complainants inappropriately on how to refer their complaint to the Health Information and Quality Authority and did not detail how to access the appeals process.
<b>Action required:</b>
Ensure policy and displayed complaints procedures detail how to access the appeals process and does not guide complainants on how to refer their complaint to the Health Information and Quality Authority.
<b>Action required:</b>
Ensure all documents that include information on complaints procedures detail how to access the appeals process.

<b>Reference:</b> Health Act 2007 Regulation 39: Complaints Procedures Standard 6: Complaints	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  The complaints procedure and policy are being reviewed to ensure accurate detail on accessing the appeals process.	30 June 2011

<b>3. The person in charge has failed to comply with a regulatory requirement in the following respect:</b>  There was not written evidence that an identified resident received regular medical review from a GP as part of quarterly care plan reviews and the arrangements to meet all of the assessed needs were not set out in the individual care plan.	
<b>Action required:</b>  Ensure there is written evidence that all residents receive regular medical review from a GP as part of care plan reviews and that the arrangements to meet all assessed needs are set out in the individual care plan.	
<b>Reference:</b> Health Act 2007 Regulation 8: Assessment and Care Plan Standard 11: The Resident's Care Plan	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  All residents' charts have been reviewed and there is documentation that each resident has been reviewed as required by their GP. We are reviewing a system plan to easily identify and ensure that all required assessments are completed for each resident.	30 June 2011

**4. The provider has failed to comply with a regulatory requirement in the following respect:**

The premises were not suitable in that;

- the garden area at the back of the premises was not safe for residents with dementia as it was not enclosed
- access for residents to the garden area was not sufficient
- there was no appropriate shelter outside to accommodate the needs of these residents who smoked
- there were inadequate facilities for staff as regards accommodation for changing and the storage of belongings.

**Action required:**

Provide safe external grounds and easy access to the garden area at the back of the premises.

**Action required:**

Provide appropriate shelter outside to accommodate the needs of these residents who smoked.

**Action required:**

Provide adequate facilities for staff as regards accommodation for changing and the storage of belongings.

**Reference:**

Health Act 2007  
 Regulation 19: Premises  
 Standard 25: Physical Environment  
 Standard 28: Purpose and Function

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

**Timescale:**

Provider's response:

As part of our new extension and renovation program work is progressing on two patio areas and enclosed garden to the rear of the premises. There will be extensive access both from the existing building and the extension. A sheltered smoking area will be included; the expected completion date is 30 June 2011.

30 June 2011

Renovation plans for the existing building include upgrading of staff changing area with anticipated completion of 31 July 2011.

31 July 2011



**5. The provider has failed to comply with a regulatory requirement in the following respect:**

The Residents' Guide had not been made available to residents, omitted a copy of the care contract and the recent inspection report, and the complaints procedure was not clear in regards to the appeals process.

**Action required:**

Make the Residents' Guide available to residents and to include a copy of the care contract, the recent inspection report, and how to access the complaints appeals process.

**Reference:**

Health Act 2007  
 Regulation 21: Provision of Information to Residents  
 Standard 1: Information

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

**Timescale:**

Provider's response:

The residents guide has been amended to include a full copy of the contract of care, the recent inspection report and complaints procedure with appeals process.

Completed

All residents have been notified that a guide is available for each and we will review the guide with them in our next resident meeting scheduled for 10 June 2011.

10 June 2011

**6. The person in charge has failed to comply with a regulatory requirement in the following respect:**

Roles and responsibilities of volunteers were not set out in a written agreement between the centre and the individual.

**Action required:**

Set out the roles and responsibilities of volunteers in a written agreement between the centre and the individual.

**Reference:**

Health Act 2007  
 Regulation 34: Volunteers  
 Standard 20: Social Contacts  
 Standard 22: Recruitment

<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  We are currently reviewing a draft of volunteer roles and responsibilities. A completed document will be provided for all volunteers, agreed upon and signed by each volunteer.	30 June 2011

## Recommendations

These recommendations are taken from the best practice described in the *National Quality Standards for Residential Care Settings for Older People in Ireland* and the registered provider should consider them as a way of improving the service.

Standard	Best practice recommendations
Standard 2: Consultation and Participation	Maintain a record of the number of residents participating in the resident committee meetings.
Standard 25: Physical Environment	Ensure adequate signage to assist in the orientation of residents with cognitive impairment and to assist safe mobility.
Standard 29: Management Systems	Ensure all policies are dated, signed and referenced and that there is evidence of staff having read them.

**Any comments the provider may wish to make:**

**Provider's response:**

A record of the number of residents attending resident committee meetings will be included in meeting report.

Signage is to be upgraded upon completion of the new extension and renovation.

As all current policies have been reviewed over the past few months they are dated signed and referenced.

All staff are currently reviewing current policies and signing off on same. All new staff will be required to read and sign off on all current policies.

**Provider's name:** Sean Collins

**Date:** 23 May 2011