



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:	Unannounced
Date of inspection:	21 September 2023
Centre ID:	OSV-0000292
Fieldwork ID:	MON-0041535

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 21 September 2023	10:00hrs to 17:45hrs	Mary O'Mahony	Lead

What residents told us and what inspectors observed

According to residents and relatives, Bushmount Nursing Home was a nice place to live where residents were facilitated to avail of comfortable accommodation and safe care. There was a homely atmosphere promoted, which was immediately apparent on arrival in the centre. In the morning the inspector observed that a number of residents were availing of a leisurely breakfast in the dining room, where a staff member was present, supporting those who required help. During the day, the inspector spoke with the majority of the residents and with five residents in more detail. The inspector spent time observing residents' experiences and the care practices, in order to gain insight into their lived experience. Residents informed the inspector that they felt very "well looked after" by staff. All residents were observed by the inspector to be nicely dressed, content with their surroundings and to appear satisfied with life in the centre.

This inspection was unannounced. Following an opening meeting with the person in charge, the inspector was accompanied on a walk about the premises. There was a lively atmosphere apparent, with residents walking independently or being accompanied from their bedrooms to the dining and communal sitting rooms. Visitors were seen to come and go from the early morning, and they were welcomed by staff. One relative said they had got a lovely welcome on admission and staff were good at communicating with the resident and family members, as they settled in. Relatives were seen to use the spacious, well planted gardens with their family member, and a number of small groups were seen outside throughout the day.

Seventy eight residents were living in the centre on the day of inspection, with one vacant bed. On the morning of inspection a number of residents were sitting in the large comfortable sitting room downstairs, while the smaller dining room was used by those who liked to read or sit near to the open patio doors out to the gardens. The large oratory upstairs was also observed to be open for residents' use and the person in charge stated that they were fortunate to have two retired priests living with them, who said mass twice weekly, and when requested. Residents spoken with were very glad of this service. There was lift access to the upstairs and the person in charge explained that plans were at an advanced stage for a large sitting room up there, which would look out over the gardens. There were two bright, nicely furnished, smaller communal rooms upstairs, but as these were also used for dining, the provider had decided to develop an alternative, spacious, sitting space. The inspector observed that communal rooms and dining rooms were decorated in a personalised manner, with pictures, menu boards, plants, old fashioned dressers and large flat screen televisions. The hairdresser was on site on the day of inspection and residents spoke highly about the fact that they could get their hair done in the centre and the male residents enjoyed the pampering also. They were seen to be coming and going from the salon during the morning. One person was busy knitting, and proudly spoke about their achievements for this skill in the local "shows", when they were living in the community. They showed the inspector their winner's "cup" and "rosette", which staff had displayed for them, on the dresser in

the sitting area. This resident continued to support charities from within the nursing home, with the items they had knit and sent off to be sold for good causes.

Residents' bedroom accommodation was comprised of single bedrooms. It was laid out in four wings: Primrose, Bluebell, Daffodil and Fuchsia. A number of bedrooms had en suite toilet and wash hand basins, while all residents shared communal showers and additional toilets. Other showers, bath and toilet facilities were located throughout the centre, and were observed to be within easy access of residents' bedrooms, dining and lounge facilities. Rooms were observed to be decorated with personal items from residents' homes, such as, pictures, small furniture items, personal quilts and books. Resident said they were happy with their living accommodation, one resident spoken with, said that their room "was perfect" and felt they had adequate privacy. The bedrooms were observed to be very spacious, due to the age and era of the building.

The inspector observed that the rights of residents were respected in how staff addressed and responded to residents needs during the day. A number of family members who were visiting also praised, the management, the administration team who were always present at the front foyer, and the staff. The person in charge stated that new residents visited the centre in advance of admission, which helped forge personal connections and support staff to assess the needs of each individual. One resident said that they felt welcome since admission and was very glad of the weekly physiotherapy sessions, as they hoped to continue with their rehabilitation.

Residents meetings were held at intervals and the minutes of these were reviewed. At each meeting a range of issues, such as food choices, events, visits and staffing were discussed. In a small sample of survey results reviewed, the inspector saw that residents felt their rights were respected. Residents said that staff and relatives provided welcome community news.

The inspector observed that there was a good activities programme in place and residents were aware of each day's programme. There was a staff member allocated to the role of activity leader daily and plans on expanding the programme were well under way, in line with expressions of preferences from residents. The afternoon music activity was attended by the inspector. The session observed to be lively and inclusive. The singers were known to the residents and in turn, they addressed residents by name, which was very affirming for residents. The activity person on duty was supported by a student on work placement. Both of these personnel were very involved with residents and both sang lovely songs when requested. One of them sang "Sonny" and the other sang "The Fields of Athenry". Residents joined in the chorus and the inspector saw that even new residents and families were smiling and were very impressed. Relatives and residents sang their favourite songs also, and overall it was a great, happy, interactive music session. Each of the 40 residents present was physically and emotionally interacted with, by the personnel involved, by holding their hands, swaying to the music with them, making eye contact with each in turn, on a number of occasions, throughout the session. Other staff members were present also, attending to care needs when required, or moving anyone who became tired and wanted a break. One staff member was busy

buttering scones for the afternoon snack, which residents enjoyed thoroughly. Staff said that this event occurred each Thursday, and was not just a once-off event.

Residents spoke very positively with regards to the quality of food in the centre. They said they were "never hungry" and one resident said they were happy with the "variation in the food". Food was observed to be attractively and carefully presented. Menus were available and there was a sufficient amount of staff on duty to assist those who needed additional support. The inspector was informed that the dining experience was reviewed regularly, with the aim of enhancing the social aspect of dining in groups. The inspector observed that there was sufficient time afforded to each person to finish their meal, in a leisurely manner. Residents described the food as "varied and very good" and said they wanted to thank the chef for the "personal interest" they showed in meeting their preferences.

The next two sections of the report detail the findings in relation to the capacity and capability of the centre, and describes how these arrangements support the quality and safety of the service provided to the residents. The levels of compliance are detailed under the relevant regulations in this report.

Capacity and capability

This was an unannounced inspection conducted by an inspector 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 responsive to their needs. Some improvements were required in aspects of care planning: Regulation 5 and health care: Regulation 6, which were detailed under the quality and safety dimension of this report.

Bushmount Nursing Home is owned and operated by Bushmount Nursing Home Limited, who is the registered provider. The company is 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 was accessible daily to the person in charge. From a clinical perspective care was directed by a suitably qualified person in charge. They were found to be aware of their responsibilities as the person in charge and to carry out these duties in a person-centred manner, which was acknowledged by all those spoken with. They were supported in the role by an assistant director of nursing, four clinical nurse managers (CNMs) and a team of nurses, health-care assistants, household, administration, catering and activities staff.

There was evidence of good communication processes in place, which included daily handover reports and regular meetings with all groups of staff. Comprehensive systems had been implemented to monitor the service, including the regulatory, annual review of the quality and safety of care and a schedule of audits for the year.

Audit was being undertaken in areas such as, infection control, person-centred care, documentation, antimicrobial stewardship, and medication management. Key performance indicators (KPIs) were being monitored, in areas such as wounds, infections, restraint, falls, complaints and dependency levels. The registered provider had a number of up-to-date, written policies and procedures available, to guide care provision, as required under Schedule 5 of the regulations.

On the day of inspection staffing numbers and skill mix of staff appeared appropriate to meet the needs of residents, with due regard to the layout of the centre over two floors. The person in charge stated that staff nurses had received additional mentoring on supervision which had addressed issues identified on the previous inspection, especially around mealtimes. The inspector viewed the staff training matrix, which confirmed that all staff had up-to-date training for their respective roles, such as fire safety, manual handling, nutrition, end of life and the prevention of abuse. Where any serious incident had occurred training was seen to have been updated as a response to this, for example training in residents' rights and pain management.

The inspector found that records and additional documents required by Schedule 2, 3 and 4 of the regulations, were available for inspection purposes. A sample of staff personnel files reviewed were maintained, in line with the requirements of the regulations. Vetting clearance certificates were in place for all staff, prior to commencement of employment. There was a complaints management system in place which conformed with the updated regulatory requirements.

Regulation 15: Staffing

Staffing levels on the day of inspection were sufficient to meet the needs of residents in the centre.

The skill mix on duty was appropriate and registered nurses were on duty over the 24 hour period.

Judgment: Compliant

Regulation 16: Training and staff development

According to records seen, mandatory and appropriate training was delivered on line, and some sessions were delivered in person.

- Attendance at the sessions was recorded on the training matrix.
- Training, appropriate to the sector, was found to be up-to-date.
- Staff told the inspector that training was easily accessible.

- The person in charged stated that now that COVID-19 was not as prevalent, more in-house, face-to-face training was being planned, in areas requiring further discussion of scenarios, for example, safeguarding, residents' rights and dementia care training.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had a defined governance and management structure in place, with clear lines of authority and accountability established. Each role was clearly defined and areas of responsibility had been shared between the management team, such as restraint management and infection control.

Monitoring and oversight systems had been developed to ensure the service provided was safe, appropriate, consistent and effectively monitored. Where issues requiring improvement were identified, a plan was in place to address this,

Quality improvement audit and action plans, provided evidence that there was an ongoing commitment to enhance the quality and safety of the service provided to residents.

Judgment: Compliant

Regulation 24: Contract for the provision of services

A sample of contracts viewed by the inspector were compliant.

The identification of room numbers for residents and the fees, which are regulatory requirements, were included in the document.

Judgment: Compliant

Regulation 34: Complaints procedure

An accessible and effective complaints procedure was in place. Residents' complaints and concerns were listened to and acted upon in a timely manner. The complaints log was reviewed and showed that all concerns and complaints were recorded in line with the regulations.

Learning was seen to have occurred following a recent complaint, and the person in charge was currently completing a "root-cause" analysis report on how the events unfolded, and to prevent a reoccurrence.

Correspondence to the complainant was available for inspection.

Judgment: Compliant

Quality and safety

Overall residents in Bushmount Nursing Home were seen to be supported to have a good quality of life which was respectful of their wishes and preferences. In general, there was timely access to an attentive healthcare service and appropriate social engagement, with an ethos of kindness demonstrated by staff on the day of inspection. A human rights-based approach to care was seen to be promoted, and residents spoken with said that this approach was apparent in the way staff treated them. The person in charge confirmed that all staff undertook training modules, in applying a human rights-based approach to care. Findings on this inspection, demonstrated good compliance with the regulations inspected. Nevertheless, some improvements were required to care planning and to meeting residents' health care needs. These are described under the relevant regulations. Findings on this inspection, demonstrated good compliance with the regulations inspected against, and a willingness to engage in continuous improvement.

The inspector was assured that in general, residents' health-care needs were met. There was twice weekly access to the general practitioners (GPs) who were described as, 'very good' by a number of residents. Systems were in place to refer residents to specialist services and the weekly physiotherapy sessions were welcomed by all residents, who felt it helped them remain "strong and mobile". Residents' records indicated that a comprehensive assessment was carried out for each resident, and used in the development of individualised care plans. The inspector spent time with one new resident, who confirmed that this assessment had taken place, and they said that they felt that staff understood their needs, due to the detailed assessment carried out. In addition, one resident who was in the under 65 age group, said they were supported to get a personal "tablet", to go out regularly, and to attend the local pub with friends. This person stated they were "very happy" in the nursing home community, and told the inspector that a member of the HSE staff had visited them and facilitated funding for their additional needs and requirements. Issues, relating to care planning and healthcare which required action, were addressed under Regulations 5 and 6, respectively.

The inspector observed that the registered provider had continuously upgraded the premises, which had a positive impact on residents' quality of life. The bed linen and residents' personal clothes, were laundered in the well-equipped, in-house laundry. The centre was observed to be very clean and staff were seen to adhere to good

infection control practices, such as the recommended hand hygiene practices. Further premises improvements which had been undertaken, were described under Regulation 17.

There was good practice observed in the area of fire safety management within the centre. Certification was available in relation to servicing of fire safety equipment. Fire safety checks were comprehensively documented. Advisory signage was displayed in the event of a fire, and this had been updated since the previous inspection. Training records evidenced that fire drills were practiced, taking into account times when staffing levels were lowest. This meant that staff became familiar with the challenge of evacuating a number of residents at times of high risk.

A safeguarding policy provided guidance to staff in relation to protecting residents from abuse. Staff demonstrated knowledge of aspects of this training and were aware of how to report any suspicions. The provider did not act as pension agent for any residents, and receipts were issued for individual spending.

Residents' nutritional and hydration needs were met. Systems were in place to ensure residents received a varied and nutritious menu, based on their individual food preferences and dietetic requirements, such as, diabetic or modified diets. The dining experience was seen to be enjoyable and both residents and relatives praised the food, the choice and variety available.

The inspector found that residents were generally free to exercise choice on how they spent their day. Residents were seen to walk outside without restriction, to go out with relatives and to be facilitated to go out to the local town of Clonakilty. It was evident that residents were consulted about the running of the centre, formally, at residents' meetings, and informally through the daily communication with the staff team. Residents rights were respected, for example, one resident was assisted to get SKY tv installed in their bedroom, and the home had funded a new wheelchair for another resident. Details related to residents' rights and activities in the centre, were highlighted in more detail under Regulation 9 in this report.

Regulation 10: Communication difficulties

Care plans were in place for residents who had communication difficulties. These were detailed and included strategies for staff to ensure effective communication with residents.

Sensory and movement activity sessions were available and staff explained how these activities stimulated communication and interaction. Residents who had communication difficulties were seen to be included in all activities, and were spoken with a kind and respectful way by staff, who were familiar with their specific needs.

Judgment: Compliant

Regulation 13: End of life

Residents at end of life were afforded safe, professional and kind care.

Relatives had free access to their loved one, and tea and snacks were provided for them.

Choices were respected, for example, if a person wished to stay in the home for treatment, or when at end of life they wished to not be transferred to hospital, this was facilitated and clinical advice from the GP was always available to residents and relatives in respect of the care needs required.

Palliative care pathways were established.

Issues related to improving care planning at this time, were described under Regulation 5: Care plans.

Judgment: Compliant

Regulation 17: Premises

The premises was appropriate to the number and needs of residents in the centre and set out in accordance with the statement of purpose.

The premises conformed to the matters set out in Schedule 6 of the regulations and issues identified on the previous inspection had been addressed.

All communal areas of the centre were bright, spacious and had comfortable, suitable furnishings. Directional signage was displayed throughout the centre, to support residents to navigate their environment. Three toilet facilities had been refurbished since the previous inspection. The corridors had been newly painted, flooring had been replaced and some additional extensions were planned. For example, the staff room was being enlarged, planning permission had been sought for a new upstairs sitting room for residents' use, as well as plans for two additional, en suite bedrooms, on the ground floor.

There were a number of sluice rooms in the building and a bathroom. A hairdressing room for hair and beauty treatments added to the person-centred ethos, with the focus on residents' social well-being.

Residents had access to lovely, spacious enclosed gardens and patios, with colourful, substantial, outdoor furniture and raised flower boxes planted by residents and staff.

Judgment: Compliant

Regulation 27: Infection control

The inspector found that there was good practice in relation to infection control.

Issues identified on the previous inspection had been addressed.

- There were a number of new 'hand wash sinks' on order, in response to previous inspection findings, and sufficient hand sanitising gels were available.
- Housekeeping staff had appropriate training, and staff were seen to have signed to confirm that cleaning tasks had been completed.
- Training in infection control was undertaken by staff.
- Management staff maintained a register of any infection and the use of antibiotics. This meant that there was oversight of the type of antibiotics in use, to ensure judicious and careful use of appropriate antibiotics.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had taken appropriate steps to ensure that fire safety was well managed in the centre, and issues previously identified had been addressed.

For example:

- All the fire-safe doors had been certified as, fit for purpose. (That is, doors that were designed to prevent the spread of smoke or fire for defined periods).
- Fire drills were undertaken at regular intervals, and this documentation was reviewed.
- Staff spoken with, were knowledgeable of what to do in the event of a fire.
- Daily, weekly and three monthly checks of fire safety equipment were recorded.
- Ski sheet for evacuation purposes were seen on residents' beds.
- Evacuation drills down the central staircase upstairs had been practiced, with the appropriately qualified person leading staff to ensure best practice.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Medicines were well managed and the issues identified on the previous inspection had been addressed.

The person in charge stated that practices in this area had improved and learning had been disseminated among the staff group.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

There were some aspects of care planning which required improvement:

- end of life care plans were required to be updated in the electronic record system, to ensure that they correlated with a paper copy of the end of life care pathway, as documented for one resident
- risk assessments were not always interlinked with the care plans and updated when necessary, for example, a risk assessment on swallowing risks or inappropriate ingestion of non-food items had not been updated with any new controls required
- one resident required a comprehensive behaviour support plan and an evaluation of each behaviour episode, to guide staff in managing aspects of the behaviour.

Judgment: Substantially compliant

Regulation 6: Health care

Health care required action to ensure residents received timely and appropriate treatment, as well as a high level of evidence-based nursing care.

When reviewing the health care support required for a resident following a serious incident, the inspector saw that:

- in one instance, there was a delay in recognising a serious injury which resulted in pain for the resident and some deterioration in their general health
- in-person, medical assessment of the resident had not been ensured in a timely manner.

Judgment: Substantially compliant

Regulation 8: Protection

Staff interactions with residents were seen to be kind and supportive. All staff had received training in the prevention, detection and response to abuse, according to the records seen. Staff spoken with were aware of what constituted abuse and how to make their concerns known to senior management. Where any allegations had been made appropriate steps were taken to address this.

Finances were well managed and the centre did not act as a pension agent for any resident.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were happy in the centre and felt their rights were respected and promoted.

Residents reported that they felt safe and at home in the centre and they attributed this to the staff, many of whom had been working in the centre for a number of years. A number of staff members were known to individual residents and they had an in-depth understanding of residents' previous lives, home places and interests. Visitors and residents both confirmed that they were treated with dignity and respect, by the management staff and wider staff group. Non-national staff were also praised by residents for their warm and kind caring approach.

Residents had access to social outings, activity, gardening, religious services, external and internal musicians and celebrations with family.

Residents felt that they could raise concerns about the centre, and they told the inspector that they felt that their opinion would be listened to. A review of minutes of residents' meetings evidenced that, where residents made suggestions for improvement, these were acted upon by staff in the centre.

Activities, in general, were meaningful to them and they praised the accommodation, the staff and the support available in the centre.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Bushmount Nursing Home OSV-0000292

Inspection ID: MON-0041535

Date of inspection: 21/09/2023

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 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>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.</p> <ul style="list-style-type: none"> • All residents have an end-of-life care plan drawn up in consultation with both the resident and their care representative as soon as possible after admission. This care plan guides their care for when their end of life draws near. Once it is recognized that the resident is actively dying, they are commenced on an end-of-life care pathway which then guides all aspect of their care. Currently this pathway is on paper and not on our electronic system. We have begun talks with our electronic platform provider to get this added to our electronic system and they have confirmed they will add this to their roadmap for consideration in quarter 1 of 2024. In the interim once a resident commences on this pathway their electronic care plans will be updated with the line "please refer to paper end of life care pathway" • Any resident identified with a clinical risk will have an associated care plan with a note stating to refer to the relevant risk assessment. • The behavior support plan required for one resident was put in place the day following inspection. 	
Regulation 6: Health care	Substantially Compliant
Outline how you are going to come into compliance with Regulation 6: Health care:	

As per our policy we always contact the GP post any fall, regardless of suspected injury. We will continue to follow this policy.

In one instance a resident sustained an assisted fall and on initial examination did not appear to have any injuries. They were closely monitored by nursing staff and the GP had been informed of the incident via email.

In future we will follow this email with a telephone call.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	30/11/2023
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional	Substantially Compliant	Yellow	31/10/2023

	guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.			
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