



Office of the Chief Inspector

Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Borris Lodge Nursing Home
Name of provider:	Borris Lodge Nursing Home Limited
Address of centre:	Borris, Carlow
Type of inspection:	Announced
Date of inspection:	02 and 03 May 2019
Centre ID:	OSV-0000203
Fieldwork ID:	MON-0022753

About the designated centre

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

Borris Lodge Nursing Home provides residential care for 52 people. Care can be provided for residents over 18 years of age although predominantly for residents over 65 years of age. It provides care for adults with general care needs within the low, medium, high and maximum dependency categories. A pre-admission assessment is completed in order to determine whether or not the service can meet the potential resident's needs. Twenty-four-hour nursing care is provided.

The building was laid out over three separate floors, accessed by stairs and two lifts. The basement was not used by residents other than for to attend the hairdressing salon or various parties. In total, there were 46 single and three twin bedrooms. 28 of the single rooms have full en-suite facilities. One of the twin rooms has an en-suite with toilet and wash hand basin. The bedrooms were comfortable, and many of the residents had personalised their bedrooms with family photographs, pot plants and favourite ornaments. There are several sitting rooms and seating areas located around the centre. Additional toilets, bathrooms and shower rooms are also located around the centre.

According to their statement of purpose, the centre is committed to providing the highest level of care, in a dignified and respectful manner and endeavours to foster an ethos of independence and choice. It aims to provide accommodation and an environment which replicates home life as closely as possible. The environment was homely, well decorated and in a style which was comfortable. There was a programme of regular maintenance. Residents had access to safe and accessible enclosed courtyards and a mature garden at the front of the building.

The following information outlines some additional data on this centre.

Current registration end date:	09/12/2019
Number of residents on the date of inspection:	43

How we inspect

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
02 May 2019	09:30hrs to 18:30hrs	Sheila Doyle	Lead
03 May 2019	09:30hrs to 14:30hrs	Sheila Doyle	Lead

Views of people who use the service

The inspector met with some residents both individually and in small groups. In addition, completed resident questionnaires were returned to the Office of the Chief Inspector.

Residents were very happy with the service provided. All were complimentary about the premises with one resident describing the centre as bright, airy and comfortable. Several commented how bright the centre was with great views of the surrounding countryside, in particular the nearby mountains. One resident described staff as pleasant and that was what she wanted. Another said that staff were always kind and helpful.

Residents were very complimentary about the food, in particular the home baking.

Residents and relatives spoken with said they were happy with the laundry service.

Residents spoke about improvements in the activity programme. Some discussed an outing they were on this year while others spoke about the art classes. All stated they loved the music and the evening sessions and it shortened the night for them.

Residents spoke excitedly about the planned afternoon tea party to raise money for a national charity.

Capacity and capability

Overall, a good service was being provided to the residents, but some improvements were needed to ensure that recruitment practices were in line with the regulations, and the policy in place.

The inspector reviewed a sample of staff files and noted that appropriate Garda Síochána (police) vetting was not in place in one file. Immediate action was taken to address this and the staff member was not permitted to attend work until this was completed. In addition, the provider was required to submit assurances that all staff had garda vetting in place.

There was a clearly defined organisational structure. The person in charge was a registered nurse, worked full-time in the centre and had the required experience in nursing older people.

Ongoing improvements were noted and the non-compliances identified at the

previous inspection had been addressed.

Following a review of the staff rosters, residents' care records including dependency needs, and feedback from residents, the inspector was satisfied that there were sufficient staff on duty to meet residents' needs.

Documentation such as the directory of residents, evidence of insurance and contracts of care were all maintained in line with the regulations.

Registration Regulation 4: Application for registration or renewal of registration

The provider was currently completing the registration renewal pack in a timely manner. As part of the registration renewal, the registered provider representative indicated that he will be changing the organisational structure to put forward the current director of nursing as the person in charge while he remains the registered provider representative.

The director of nursing has the required qualifications and experience for this position when finalised.

Judgment: Compliant

Regulation 14: Persons in charge

The current person in charge is a registered nurse and has the required experience in nursing older people.

During the inspection he demonstrated her knowledge of the regulations and the standards and outlined plans in place to further improve the service.

Judgment: Compliant

Regulation 15: Staffing

At the time of inspection, there were appropriate staff numbers and skill-mix to meet the assessed needs of residents and the safe delivery of services.

Judgment: Compliant

Regulation 16: Training and staff development

All mandatory training was up to date. The inspector noted that a detailed training schedule was in place. This included training on pain management, use of restraint, infection control and gastrostomy tube reinsertion.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents was in place and the inspector noted that the sections reviewed during inspection set out the information required by the regulations.

Judgment: Compliant

Regulation 21: Records

One of four staff files reviewed did not meet the requirements of the regulations. There was no evidence of Garda Síochána (police) vetting in place.

Judgment: Not compliant

Regulation 22: Insurance

The inspector saw that there was up-to-date insurance in place including loss or damage to residents' property.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure that identified the lines of authority and accountability. The organisational structure was outlined in the statement of purpose.

Clinical audits were carried out that analysed accidents, complaints, care plans,

medications and others. The results of audits were shared with staff for learning.

There was evidence of consultation with residents and their representatives in a range of areas at residents' meetings. The inspector noted that the annual review of the service for 2018 was discussed at a residents' meeting.

Judgment: Compliant

Regulation 24: Contract for the provision of services

Contracts of care were in place and they set out the services provided and the fees changed.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was currently being updated to reflect proposed changes in the management structure as part of the registration renewal process.

Judgment: Compliant

Regulation 30: Volunteers

There were no volunteers in the centre at the time of inspection, but the person in charge was aware of the regulatory requirements when necessary. A robust policy was in place to guide practice.

Judgment: Compliant

Regulation 34: Complaints procedure

Residents' complaints and concerns were listened to and acted upon in a timely manner. The inspector noted that a minimal number of complaints were received.

A policy was in place to guide practice and the procedure was on display in the front reception area.

Judgment: Compliant

Quality and safety

Overall, the findings showed that on the day of inspection, the residential centre was providing good quality care and support.

There were systems in place to ensure residents' nutritional and hydration needs were met. Ongoing improvements were noted the choice and serving of meals. Mealtimes were a social occasion with adequate assistance available when needed. A menu board was now on display in the dining room to assist residents make choices.

Procedures were in place to ensure that residents were provided with support that promoted a positive approach to responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). The use of restraint was under constant review and was in line with national guidelines.

The inspector saw that each resident, having regard for their and other residents' wellbeing, safety and health, could communicate freely. In addition, residents had access to assistive technologies to assist them with their communication needs.

Residents' civil and religious rights were respected. Residents confirmed they felt safe in the centre and felt they were consulted with and enabled to participate in the organisation of the centre. The privacy and dignity of each resident was respected and residents had the right to exercise choice. It was noted that visitors were welcomed in the centre, and encouraged to participate in the residents' lives. Visitors spoken with confirmed this to the inspector. Visiting was unrestricted except at mealtimes.

Residents were safeguarded by effective procedures in the centre. Robust infection control procedures were in place. Fire safety procedures, servicing records and training were up to date.

The provider had clear processes in place to protect residents' finances. The provider acted as a pension agent when requested, and arrangements were in place to afford adequate protection and access to these finances.

Regulation 10: Communication difficulties

The inspector noted that, where appropriate, residents' communication needs were recorded in their care plan and appropriate interventions listed. For example, the

inspector saw that a pictorial menu and flash cards were available to assist residents. In addition the inspector saw that residents were referred for review to speech and language services where appropriate. The inspector noted that the recommendations were incorporated into the care interventions provided to the residents.

The inspector also noted that tablets were in use by some residents and various computer-based programmes were available. The registered provider representative discussed plans to improve both the wireless internet connection and the telephone connections within the centre.

Judgment: Compliant

Regulation 11: Visits

It was noted that visitors were welcomed in the centre, and encouraged to participate in the residents' lives.

Judgment: Compliant

Regulation 12: Personal possessions

Residents could have their laundry attended to within the centre. The inspector visited the laundry which was organised and well-equipped. Appropriate procedures were in place for the safe return of clothes.

Staff spoken with were knowledgeable about the different processes for different categories of laundry. Residents expressed satisfaction with the laundry service provided.

Adequate storage space, including lockable space on request, was provided for residents' possessions.

Judgment: Compliant

Regulation 17: Premises

The location, design and layout of the centre were suitable for its stated purpose and met residents' individual and collective needs in a comfortable and homely way.

All areas looked clean and well maintained. The centre was observed to be homely,

warm, bright, and furnished to a high standard. Residents' bedrooms were personalised with photographs, pictures and ornaments.

The inspector noted improvements to the premises since the last inspection. This included some directional signage, and the use of contrasting colours to aid orientation. An ongoing refurbishment plan was in place which addressed the action required for the previous inspection.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents were screened for nutritional risk on admission and reviewed regularly thereafter. Where nutritional risks were identified, referrals had been made to dietetic and/or speech and language services.

The inspector was satisfied that each resident was provided with food and drinks at times and in quantities adequate for his/her needs. Food was properly prepared, cooked and served, and was wholesome and nutritious. Residents spoke very highly about the meals they were given.

Judgment: Compliant

Regulation 28: Fire precautions

Precautions against the risk of fire were in place.

The fire safety register and associated records were maintained and precautions against the risk of fire were in place. The inspector saw that personal emergency evacuation plans (PEEPs) were developed for all residents to ensure that safe evacuation was possible, if needed. All staff had attended training, and fire drills were carried out on a regular basis, and these included night-time scenarios. The inspector noted that the director of nursing had undertaken additional training to provide extra support and expertise as needed.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The inspector noted that the action required for the previous inspection relating the recording of the maximum dose of medications to be administered as and when

required, had been addressed.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Comprehensive assessments were carried out and care plans developed in line with residents' changing needs. The assessment process involved the use of validated tools to assess each resident including risk of malnutrition, falls and skin integrity. The inspector reviewed the documentation relating to the management of clinical issues such as wound care and found that the planned care was in line with evidence based guidelines.

The action required from the previous inspection relating to lack of detail regarding the care for residents with dementia related conditions, had been addressed.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The inspector reviewed the use of restraint and found ongoing efforts were underway to reduce usage. Action required from the previous inspection relating to documentation of less restrictive measures and sufficient detail in care plans had been addressed. There was documented evidence that safety checks were being completed when bed rails were in use.

Judgment: Compliant

Regulation 8: Protection

There was a policy in place on safeguarding vulnerable persons at risk of abuse. Staff spoken with confirmed that they had received training on recognising abuse and were familiar with the reporting structures in place.

The provider had clear processes in place to protect residents' finances.

Judgment: Compliant

Regulation 9: Residents' rights

Action required from the previous inspection relating to some missed opportunities for meaningful engagement by staff, had been addressed. The inspector observed staff interacting with residents in an appropriate and respectful manner, and it was clear that staff knew the residents well. The inspector noted good humoured banter between the residents and staff.

There were opportunities for all residents to participate in activities and ongoing improvements were noted in this regard. Additional evening activities were now in place. The inspector also noted that residents were involved in fund-raising activities for a national charity, with a tea party taking place one afternoon during inspection. Residents told the inspector how important this was to them.

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
Views of people who use the service	
Capacity and capability	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Not compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Borris Lodge Nursing Home OSV-0000203

Inspection ID: MON-0022753

Date of inspection: 02/05/2019 and 03/05/2019

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 21: Records	Not Compliant
Outline how you are going to come into compliance with Regulation 21: Records: All Staff files have a current copy of Garda Siochana (police) vetting in place. Police clearance from country of origin had been on this file.	

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 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Not Compliant	Orange	13/05/2019