



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

Issued by the Chief Inspector

Name of designated centre:	Borris Lodge Nursing Home
Name of provider:	Borris Lodge Nursing Home Limited
Address of centre:	Main Street, Borris, Carlow
Type of inspection:	Announced
Date of inspection:	17 April 2024
Centre ID:	OSV-0000203
Fieldwork ID:	MON-0038680

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. Twenty-four-hour nursing 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 low, medium, high and maximum dependency categories. The building is laid out over three separate floors, access by stairs and two lifts. In total, there are 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. 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 following information outlines some additional data on this centre.

Number of residents on the date of inspection:	49
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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
Wednesday 17 April 2024	09:00hrs to 16:30hrs	Sinead Lynch	Lead
Wednesday 17 April 2024	09:00hrs to 16:30hrs	Helena Budzicz	Support

What residents told us and what inspectors observed

The inspectors observed the interactions between staff and residents to be kind and respectful. Residents spoken with were very complimentary about the staff in the centre. One residents said 'they are so good to me' while a visitor described the staff as 'amazing'.

There were many residents and visitors willing to speak with the inspectors on the day of the inspection. The majority of people who communicated with inspectors indicated that residents were well looked after and that the staff were caring and diligent. However, one family who complimented how 'nice and kind' the staff were identified concerns they had around care delivery to include infection control. These concerns were brought to the attention of the management team who assured inspectors they would arrange a meeting with the family to identify where and how they could remedy the issues.

This was an announced inspection carried out over one day. Throughout the inspection, inspectors observed residents in the day rooms, their bedrooms or attending activities.

The inspectors found the centre to be clean and well organised. Rooms were labelled and signage was clear. There had been many areas of the centre that had undergone renovations since the last inspection. Two small sitting rooms and the dining room on the ground floor were found to have been painted and had new curtains and furniture. These rooms appeared bright and provided spaces for residents and their visitors to enjoy some relaxing time. The tables in the dining room were observed to have new table clothes and all required condiments for residents to be independent at each meal time. Menus for each meal were displayed on each table. Residents were provided with choices and a selection of wholesome and what appeared to be nutritious meals.

Residents had easy access to two enclosed courtyards. One had a covered smoking area that led out to the courtyard with raised flower beds and paved surface to enable residents to mobilise safely using mobility aids. The other courtyard could be accessed from reception and provided more seating for residents and visitors to enjoy in the good weather.

The schedule of activities was displayed on a notice board in the reception area. There was a large area in the lower floor which could accommodate a large number of residents for group activities. On the day of inspection, there was a choir entertaining residents and visitors, residents told the inspectors that they really enjoyed this activity. There was also another smaller activity room available for one-to-one activities. The person in charge told the inspectors that residents who required or requested a calmer environment or alternative stimulation could avail of this facility.

There was a quarterly news letter published for residents and visitors in the centre. This was viewed by the inspectors and found to have pictures and descriptions of activities in the centre. There were birthday celebrations and special occasions marked with parties and gatherings for residents and their families. Residents of the centre had just celebrating winning an art award. Some of the residents had partaken in the 'National arts in nursing home day' where the residents received a financial award and their art piece being displayed at an exhibition in the near future.

The next two sections of the report will present the findings of this inspection in relation to the governance and management arrangements in place, and how these arrangements impact on the quality and safety of the service being provided.

Capacity and capability

Overall, this was a good, well-resourced centre with effective governance and management arrangements which ensured residents were supported to enjoy a good quality of life and receive safe quality care and supports. This was an announced inspection which took place over one day, to monitor ongoing compliance with the regulations.

There was a clearly defined management structure in place with clear lines of authority and accountability. On the day of inspection the person in charge was supported by an assistant director of nursing (ADON), a clinical nurse manager (CNM), a team of nurses, healthcare assistants, housekeeping, catering, laundry, maintenance and administrative staff. To support the management team there was an operations manager, who was also on site on the day of the inspection. The person in charge informed the inspectors that the operations manager was on site at least one day a week and also available over the phone when needed.

An annual review was available and reported the standard of services delivered throughout 2023 and included a quality improvement plan for 2024. It included feedback from residents and relatives.

The registered provider had ensured that the number and skill-mix of staff was appropriate, having regard to the needs of residents and the size and layout of the centre. Inspectors observed skilled staff providing care for residents and staff were knowledgeable regarding the residents needs. Residents' call bells were answered to promptly and residents were appropriately supervised in communal areas.

Staff training records were maintained to assist the person in charge with monitoring and tracking completion of mandatory and other training completed by staff. A review of these records confirmed that mandatory staff training in manual handling and fire safety had been completed.

The management team had been pro-active in managing fire safety since the last

inspection. The had completed all the required works as provided on the previous compliance plan.

The person in charge had notified all incidents and accidents to the Chief Inspector of Social Services. All accidents and incidents in the centre were reviewed by management, learning identified and improvement plans put in place.

There was a complaints policy and procedure in place in the centre. This was updated as required. The complaints register was viewed by the inspectors. There were no open complaints on the day of inspection but there was previously submitted complaints that had since been closed. The provider and the person in charge had followed the procedure in relation to the process for responding to complaints. The review officer was also made available. The procedure was displayed in the reception area.

Regulation 15: Staffing

The staffing numbers and skill-mix were appropriate to meet the needs of residents living in the centre.

There was a registered nurse on duty at all times as confirmed by the person in charge and staff rosters.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had ensured that staff had access to appropriate training.

Staff were appropriately supervised on the day of the inspection.

Judgment: Compliant

Regulation 23: Governance and management

The designated centre had sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose. An annual review, which included consultation with the residents was in place. There were effective management systems in place to ensure the service was safe, appropriate, consistent and effectively monitored, as demonstrated by sustained levels of compliance across the

regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

All incidents that required notification to the Chief Inspector of Social Services had been notified in a timely manner.

Judgment: Compliant

Regulation 34: Complaints procedure

There was an effective complaints procedure in place which met the requirements of the regulations. A review of the records found that complaints and concerns were promptly managed and responded to in line with the regulatory requirements.

Judgment: Compliant

Quality and safety

Overall, the residents in this centre were receiving good-quality, person-centred care. Residents told the inspectors that they felt safe living in the centre. The inspectors found that the compliance plan actions from the previous inspection, which included actions in respect of Regulation 17: Premises, Regulation 28: Fire precautions, Regulation 8: Protection and Regulation 9: Residents' rights, had been largely completed.

The centre had comprehensive monitoring arrangements for the use of restrictive practices, ensuring that any use of restraint was risk assessed and aligned with the national policy. Behavioural support care plans were developed for residents, and these detailed the triggers of behaviours and contained de-escalation strategies to guide staff when supporting residents, further demonstrating the centre's commitment to person-centred care.

Residents' health care needs were met to a high standard, and there was satisfactory evidence that residents had timely access to health care and medical services. Residents had access to local general practitioners (GPs). Out-of-hours GP services were also available. The process of referral to and review by health and social care professionals, which involved completion of validated nursing

assessments, for example skin assessment and Malnutrition Universal Screening Tool (MUST), was evident.

Inspectors saw that staff had a deep understanding of the residents, their needs, and preferences, and this knowledge was reflected in the residents' care plans. Care plans were not just comprehensive, but they also detailed how a staff member could best cater to the resident's unique needs, including communication needs of residents.

Residents were seen to have adequate lockable space to store and maintain clothes and personal possessions.

Overall, the facilities and premises were observed to be clean and tidy and adequate for the needs of the residents. Inspectors observed that the management of the storage was adequate on the day of the inspection.

This inspection also found that the governance and management of fire safety and related staff practices in the centre had improved since the last inspection in May 2023. There were records indicating that preventive maintenance of fire safety equipment was conducted at appropriate intervals. Staff had received fire safety training.

Residents' rights were protected and promoted. Residents could choose from a variety of activities, such as arts and crafts or social gatherings, and where to spend their day. Residents were generally consulted about their care needs and about the overall service being delivered and had access to independent advocacy if they wished.

Regulation 10: Communication difficulties

Care plans for residents experiencing communication difficulties described their communication challenges and needs. The care plans outlined in detail the techniques and approaches to be used by staff members to help residents express their emotions and words to enable them to communicate freely.

Judgment: Compliant

Regulation 12: Personal possessions

The inspectors saw that residents' rooms had adequate storage for clothing and that residents retained control over their own clothes. There was an effective laundering and labelling system in place that ensured that all clothes were returned to residents in a timely manner.

Judgment: Compliant

Regulation 17: Premises

The registered provider ensured that the premises are appropriate to the number and needs of the residents and in accordance with the statement of purpose.

Judgment: Compliant

Regulation 27: Infection control

The registered provider had ensured effective governance arrangements were in place to ensure the sustainable delivery of safe and effective infection prevention and control practices.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had taken adequate precautions against the risk of fire, and provided suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.

All staff have received suitable training in fire prevention and emergency procedures including evacuation procedures.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Comprehensive assessments and care plans were completed for residents within 48 hours of admission, which was in line with the regulations. Inspectors reviewed the wound care management in the centre, the wounds were regularly assessed, and treatment was provided according to the tissue viability nurse (TVN) recommendation, where applicable. There was evidence that any changes to a resident's treatment plan were updated in the resident's care plan. Activities care plans reviewed by inspectors were person-centred, and clear plans were in place to

meet the residents' assessed needs, preferences and wishes.

Judgment: Compliant

Regulation 6: Health care

There were good standards of evidence-based health care provided in this centre. General practitioners (GPs) attended the centre regularly to support the residents' needs. Residents had timely access to medical services, including consultant and community psychiatry services and geriatrician services. Inspectors were assured that timely referrals were sent and reviews of residents from health and social care professionals such as dietitians, speech and language therapists (SALT), Tissue viability nurses (TVN) and Occupational therapists were sought.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Residents' care plans relating 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) were reflective of residents' needs and triggers and provided clear guidance for staff to assist residents with their care needs.

The restraint register was maintained in the centre. Risk assessments were completed and updated on a regular basis to ensure that the use of restrictive practices remained appropriate and proportionate to the assessed needs of the residents.

Judgment: Compliant

Regulation 8: Protection

The centre was not a pension-agent for any of the residents in the centre.

The inspectors found that all reasonable measures were taken to protect residents from abuse. The policy in place covered all types of abuse, and it was being implemented in practice. The inspectors saw that all staff had received mandatory training in relation to detection, prevention and responses to abuse.

Judgment: Compliant

Regulation 9: Residents' rights

The provider provided facilities for residents' occupation and recreation and opportunities to participate in activities in accordance with their interests and capacities. Residents expressed their satisfaction with the variety of activities on offer. Residents had access to daily newspapers, radio, television, and the internet. There was also an independent advocacy service available to residents.

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 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant