

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	Borris Lodge Nursing Home
Centre ID:	OSV-0000203
Centre address:	Borris, Carlow.
Telephone number:	059 977 3112
Email address:	jimmy@borrislodge.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Borris Lodge Nursing Home Limited
Provider Nominee:	James O'Keeffe
Lead inspector:	Ide Cronin
Support inspector(s):	
Type of inspection	Announced
Number of residents on the date of inspection:	51
Number of vacancies on the date of inspection:	1

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

Compliance 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 Quality Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
06 September 2016 09:20	06 September 2016 17:00
07 September 2016 09:15	07 September 2016 14:00

The table below sets out the outcomes that were inspected against on this inspection.

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Compliant
Outcome 03: Information for residents	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Compliant
Outcome 06: Absence of the Person in charge	Compliant
Outcome 07: Safeguarding and Safety	Non Compliant - Moderate
Outcome 08: Health and Safety and Risk Management	Compliant
Outcome 09: Medication Management	Compliant
Outcome 10: Notification of Incidents	Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 12: Safe and Suitable Premises	Compliant
Outcome 13: Complaints procedures	Compliant
Outcome 14: End of Life Care	Compliant
Outcome 15: Food and Nutrition	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Compliant
Outcome 17: Residents' clothing and personal property and possessions	Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

This inspection was announced and carried out in response to an application from the provider to renew registration of the centre. During the inspection the delivery of care was observed and documentation such as care plans, medical records, accident/incident reports, policies and procedures, staff files and the registration application was reviewed.

The previous inspection of the centre was in March 2016 identified non compliances in relation to governance and management, safeguarding, health and safety and risk management, medication management, maintenance of records and arrangements for the supervision and training of staffing. During this inspection the action plans to address these non-compliances were found to be completed and within the agreed time scales.

The inspector spoke with residents and staff throughout the inspection. Information and notifications of incidents received by the Health Information and Quality Authority (HIQA) since the last inspection were followed up on at this inspection. In addition other documents submitted by the provider related to the renewal of registration were reviewed prior to the inspection.

Care support staff, nurses and ancillary staff were well informed, were observed to have friendly relationships with residents and could convey a comprehensive understanding of individual residents' wishes and preferences. Quality of life and well being was promoted by supporting residents to continue to do as much as possible for themselves and by encouraging residents to remain stimulated by actively engaging in their care programmes and in social activity. There was a varied programme of activities and an activities coordinator was available daily to ensure activities took place as scheduled.

Residents were positive about the care provided and the input from medical staff and allied health professionals. They were aware of how to raise a concern or make a complaint. Overall the inspector found that the person in charge/ provider and management team were committed to ensuring the centre was in substantial compliance with current legislation and that residents were safe and well cared for.

A total of 18 outcomes were inspected and 17 outcomes were fully compliant. Outcome 7:Safeguarding and Safety was deemed to be non compliant because staff were on duty whose Garda Vetting was not fully processed. The person in charge/provider took immediate action to address this and subsequently provided written assurances ensure that all staff rostered to work had Garda Clearance. The inspector found that there was an adequate level of compliance, with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Compliance with Section 41(1)(c) of the Health Act 2007 and 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 Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Statement of Purpose

There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspector reviewed the statement of purpose submitted with application to register which was a detailed document, informative and easy to follow and clear in presentation. The statement of purpose contained all of the information required by Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Judgment:

Compliant

Outcome 02: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

Effective management systems were seen to be in place in the centre during the inspection. The person in charge was suitably qualified and demonstrated a satisfactory knowledge of the Regulations. The inspector observed that there were sufficient resources in place to ensure the delivery of safe and quality care to the residents with

the present skill mix and staffing levels. The inspector found that the management structure was appropriate to the size, ethos, and purpose and function of the centre. Appropriate resources were allocated to meet residents' needs. These included appropriate assistive equipment available to meet residents' needs such as electric beds, wheelchairs, hoists and pressure-relieving mattresses.

There was an organisational structure in place to support the person in charge who was also the provider nominee which included a director of nursing and assistant director of nursing. There was a reporting system in place as observed by the inspector to demonstrate and communicate the service was effectively monitored and safe between the person in charge/ provider and all staff. The inspector saw that there was a detailed audit schedule in place. The inspector reviewed audits completed by the management team. Clinical data was collected and reviewed. The inspector found that this information was used to improve the service and discussed at team and care meetings.

The inspector saw that a report on the quality and safety of care of residents and a quality improvement plan had been completed for 2015. The quality improvement initiatives for 2016 included the reduction of bed rails and falls prevention. There was also an extensive training plan for 2016. Satisfaction surveys had also been completed in July 2016 which overall indicated satisfaction with services provided.

Judgment:

Compliant

Outcome 03: Information for residents

A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspector saw there was relevant information available for residents on the notice boards in the main foyer. Services provided for residents were outlined in a Residents' Guide that included a summary of the statement of purpose, terms and conditions within a sample contract of care, complaints procedure and visiting arrangements.

The inspector reviewed a sample of the contracts of care for some residents, which set out the services provided and the agreed fees charged to these residents.

Judgment:

Compliant

Outcome 04: Suitable Person in Charge

The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The designated centre was managed by a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service.

There was a clearly defined management structure which identified the lines of authority and accountability in the centre. The person in charge works on a full time basis and is supported by a director of nursing. An assistant director of nursing is also available to assume responsibility of the designated centre in the absence of the person in charge.

The person in charge demonstrated sufficient knowledge and implementation of the legislation requirements and was aware of his responsibilities. The person in charge was sufficiently engaged in the governance, operational management and administration of the centre on a regular and consistent basis.

Residents were familiar with the person in charge and director of nursing, and were complimentary of the staff team.

Judgment:

Compliant

Outcome 05: Documentation to be kept at a designated centre
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 were maintained to ensure completeness, accuracy and ease of retrieval. The designated centre was adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

There was a visitor's sign in book available. The directory of residents contained all the information required by Schedule three of the Regulations and was maintained up to date. The inspector found that medical records and other records, relating to residents and staff were maintained in a secure manner.

As part of the inspection staff files were reviewed and were found to be not in compliance with the requirements of Regulation, for example Garda vetting was absent from some files. This is detailed and actioned under Outcome 7.

Judgment:
Compliant

Outcome 06: Absence of the Person in charge
The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The person in charge/ nominated registered provider were aware of the obligation to inform the Chief Inspector if there was any proposed absence of the person in charge.

There were clear arrangements to cover for the absence of the person in charge with the assistant director of nursing having responsibility for management of the centre. The assistant director of nursing was a registered nurse. The inspector was satisfied that she had the requisite skills and experience in care of the older person to deputise when necessary.

The person in charge/provider and director of nursing were contactable in the event of any emergencies and the necessary contact details were available. Staff told the inspector that the director of nursing would often call into the centre at weekends.

Judgment:
Compliant

Outcome 07: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

There was a policy on adult protection in place which was in line with the national policy on safeguarding vulnerable adults. Staff to whom the inspector spoke with were able to confirm their understanding of the features of protection of vulnerable adults and to whom they would report a concern. There was an on going program of training in safeguarding vulnerable adults in place and all staff had up to date training as observed by the inspector.

There were no safeguarding issues currently being investigated but the management team demonstrated their knowledge of the designated centre's policy. They were aware of the necessary referrals to external agencies, including the HSE designated officer responsibility and the revised process in line with the national policy.

The financial controls in place to ensure the safeguarding of residents' finances were examined by the inspector. There was a policy outlining procedures to guide staff on the management of residents' personal property and possessions. The centre had small amounts of personal money for some residents but in general money was not held on behalf of residents. All transactions were dual signed and a running balance checked on inspection was correct.

Residents spoken with stated that they felt safe in the centre. There was a visitors' record located by the reception area to monitor the movement of persons in and out of the building to ensure the safety and security of residents. The centre was further protected by closed circuit television cameras at entrance and exit points.

When reviewing staff files, the inspector found that there were four staff members whose Garda vetting applications were not fully processed were rostered to work. The person in charge/ provider were advised that any staff without a declaration of Garda vetting and clearance should not be working in the centre. Assurances were given verbally and via email to comply with this directive and alternative staffing arrangements were put in place to ensure that all staff rostered to work in the centre had Garda clearance.

The use of restraint was in line with the national policy on restraint. The rationale for

use was clearly documented. The inspector saw that assessments for the use of bedrails were being completed on residents and some alternatives to restraint had been tried such as low-low beds and crash mats.

These assessments were reviewed on a regular basis and there was evidence that residents were being checked and these checks were documented. There was a restraint register in place. The inspector saw that regular audits on restraint were being completed by the director of nursing. The inspector observed that in January 2016, 27 residents were using bed rails. By August of this year that number had been reduced to 19 residents using bed rails.

There is a policy on the management of behaviour that is challenging. There was a dementia care policy dated November 2015. Staff spoken with were familiar with resident's behaviours and could describe particular interventions well to the inspector for individual residents. There was evidence staff had completed training in behaviours that challenge. Where residents had specialist care needs such as mental health problems there was evidence in care plans of links with the mental health services. Referrals were made to the consultant psychiatrist to review residents and their medication to ensure optimum health. It was evidenced in medical files the community mental health nurse visited the centre routinely. The inspector saw that incidents were being reported and behaviour logs were used to monitor behaviour, to track trends and aid understanding of the behaviour.

Judgment:

Non Compliant - Moderate

***Outcome 08: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.***

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The inspector found that the health and safety of residents, staff and visitors in the centre was promoted and protected. There was an up-to-date health and safety statement dated June 2016. There was a risk management policy that was in line with the Regulations dated June 2016. There was information on general hazard identification and a risk register that outlined general and clinical risk areas. The inspector reviewed the emergency plan and found that it provided sufficient guidance to staff on the procedures to follow in the event of an emergency.

Measures were in place to prevent accidents in the centre and within the grounds. A fire safety register and associated records were maintained and precautions against the risk

of fire were in place. Service records confirmed that the fire alarm system and fire safety equipment including emergency lighting and extinguishers were serviced appropriately and serviced on a regular basis. Directional signage was visible and evacuation plans were displayed in prominent places (zones). Means of escape and fire exits were unobstructed in areas and along corridors where residents were accommodated. Staff were trained in fire safety and those who spoke with the inspector knew what to do in the event of a fire.

The inspector saw that accidents and incidents were reviewed by the management team and then discussed at staff meetings. Staff confirmed to the inspector that regular care meetings for all staff occurred on Mondays. All staff had been trained in manual handling and appropriate practices were observed by the inspector. The centre had an infection control policy in place. Staff were trained in infection control and inspectors observed that adequate sanitising gels, hand washing facilities, gloves and aprons were provided. Staff including laundry/ household staff interviewed were knowledgeable about their role in relation to infection control.

There was a strategy in place to prevent falls whilst also promoting residents' independence. An evidence-based assessment tool was used to assess residents' risk of falls on admission and at least every three months thereafter. Falls and incidents reported were reviewed and satisfactory measures were in place to mitigate all risks associated and identified further to incidents which took place. For example, residents assessed at high risk of falling had appropriate supervision in place. The inspector saw that communal sitting rooms were well supervised and diversional activity on going at the time of the inspection.

Equipment used for moving and handling such as hoists were available and were serviced regularly. The provider has contracts in place for the regular servicing of all equipment and the inspector viewed records of equipment serviced. Equipment such as specialist beds, wheelchairs and mattresses were provided in accordance with residents' needs.

Judgment:
Compliant

Outcome 09: Medication Management
Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:
Safe care and support

Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The inspector was satisfied that each resident was protected by the designated centre's policies and procedures for medication management. The inspector saw that practice was supported by a comprehensive medication management policy. The inspector reviewed a sample of five medication administration charts. All items had been individually prescribed and signed by the doctor. There was photographic identification on the sample of charts examined. The inspector saw that medication charts were printed and were easy to decipher.

All prescriptions were signed by the relevant General Practitioner (GP) and were reviewed at the required three month intervals. The management of controlled drugs was in line with legislative requirements. There was appropriate secure storage available and the supply was checked and a record maintained by two nurses, one from each shift as required. Medications requiring refrigeration were appropriately stored and the fridge temperature was monitored daily.

Medication prescribed on an "as required" p.r.n basis was identified clearly and the maximum dose to be administered in a 24 hour period was outlined. All medication was reviewed by the prescribing doctor and pharmacist every three months or more frequently when a change in the resident's health occurred. The inspector saw that medication management audits were carried out on a regular basis by the management team and any deficits were actioned. All staff nurses involved in the administration of medications had undertaken medication management training.

Judgment:
Compliant

Outcome 10: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:
Safe care and support

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. The inspector reviewed a record of incidents/accidents that had occurred in the centre and cross referenced these with the notifications received from the centre. Quarterly notifications had been submitted to HIQA as required.

Judgment:
Compliant

Outcome 11: Health and Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of

evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:

Effective care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

There were 51 residents living in the centre during the inspection. All residents were residing in the centre for long term care. There were 23 residents with maximum care needs, 18 residents were assessed as highly dependent, eight had medium dependency care and two were assessed as low needs. Many residents were noted to have a range of healthcare issues and the majority had more than one medical condition. Fifteen residents had a diagnosis of dementia.

The arrangements to meet residents' assessed needs were set out in individual care plans. The inspector found that a good standard of personal care and appropriate medical and allied health care access was in place. Recognised assessment tools were used to identify residents care needs, evaluate progress and assess risk factors such as vulnerability to falls, dependency levels, compromised nutritional status, risk of developing pressure sores and moving and handling needs. There was a record of the resident's health condition and treatment given completed daily.

The inspector reviewed six resident's care plans and certain aspects within other care plans such as wound management, residents with compromised nutritional status and care plans related to residents with dementia. In the sample of care plans reviewed there was evidence that the care plans were updated at the required intervals or in a timely manner in response to a change in a resident's health condition. On admission a comprehensive assessment of needs was completed, reviewed and updated at regular intervals. There was evidence of consultation with residents or their representative in care plans.

Residents had access to general practitioner (GP) services and there was evidence of medical reviews at least three monthly and more frequently when required. A review of residents' medical notes showed that GP's visited the centre regularly. Medication was reviewed to ensure optimum therapeutic values. Access to allied health professionals such as speech and language therapists, dieticians, physiotherapy, occupational therapists and clinical nurse specialists from mental health services for older people was timely when referrals were made. Residents and staff informed the inspectors they were satisfied with the current healthcare arrangements and service provision.

There were processes in place to ensure that when residents were admitted, transferred or discharged to and from the centre, that relevant and appropriate information about

their care and treatment was readily available and shared between providers and services. The inspector reviewed a care plans of a resident receiving wound management. There was evidence that the wound had been assessed and dressed in accordance with good practice guidance .There was a wound management policy which guided the staff in the prevention and management of wounds. Expert advice was available from nursing staff in the acute services that had specialist expertise in this area.

The inspector read the care plans of residents who had fallen and saw that risk assessments were undertaken and a care plan was devised. There was good supervision of residents in communal areas and good staff levels to ensure resident safety was maintained. There was an adequate policy in place on falls prevention to guide staff.

Residents had care plans for nutrition in place. There was prompt access to the GP and allied health professionals for residents who were identified as being at risk of poor nutrition. There was on going monitoring of residents nutrition. Nutritional screening was carried out using an evidence-based screening tool. All residents were weighed regularly. Resident identified at risk were weighed on a more frequent basis and commenced on food intake charts.

Residents had opportunities to participate in activities that were meaningful and purposeful to them, and which suited their needs, interests and capacities. There was an activities coordinator who had responsibility for social care programmes and a variety of activities available for all residents as observed by the inspector.

Overall the inspector was satisfied that the care plans contained the required information to guide the care for residents.

Judgment:

Compliant

Outcome 12: Safe and Suitable Premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Effective care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspector found that the location, design and layout of the designated centre was suitable for its stated purpose and met the residents' individual and collective needs in a

comfortable and homely way. The building was laid out over two separate floors. The perimeter of the building is monitored by CCTV (closed circuit television) surveillance. Overall the inspector found that the premises were decorated and maintained to a high standard and had suitable heating, lighting and ventilation.

There was sufficient communal spaces available for residents' use throughout the building. The amount of useable space available to each resident in single and twin occupancy bedrooms enhanced their safety and comfort. It also encouraged and aided their independence. Inspectors observed that bedrooms were personalised with photographs, paintings and furniture. There was an adequate number of toilets and bathroom/shower facilities.

The environment was homely, well decorated and in a style which was comfortable. There was a programme of regular maintenance as observed by the inspector. Residents had access to a safe and accessible enclosed outdoor courtyard and garden. The centre was found to be well maintained, warm, comfortably and visually clean. All walkways were clear and uncluttered to ensure resident safety when mobilising.

There was appropriate equipment for use by residents or staff which was maintained in good working order. Equipment, aids and appliances such as handling devices, mobile hoists, powered, transit and self-propelling wheel-chairs, fixed and remote call bells, hand and support grab rails were in place and used by residents to support and promote their full capabilities.

Judgment:
Compliant

Outcome 13: Complaints procedures

The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The management team explained that issues of concern are addressed immediately at local level without recourse to the formal complaints procedure. The complaints policy contained all procedures as required by the Regulations including a named person to whom complaints can be made, a nominated person who would monitor that the complaints process was followed and recorded and an independent appeals process. The complaints process was displayed in a prominent position.

The inspector examined the complaint records since the previous inspection and this

showed that complaints were reported and recorded in accordance with the centre's policy and requirements of the regulations. All complaints had been resolved and the satisfaction of the complainant was documented.

Judgment:
Compliant

Outcome 14: End of Life Care

Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:

Staff spoken with demonstrated an understanding of the principles that underpinned the centre's approach to end-of-life care and also an individual commitment to those principles of dignity and respect for the wishes and preferences of residents at the end of their lives. The end-of-life care policy had been reviewed in January 2016 and it ensured sufficient detail to guide staff in providing end of life care.

The inspector observed that a multidisciplinary approach was undertaken to include the resident where possible, their representative, the GP and the nursing team. The inspector observed that residents with a do not resuscitate (DNR) status in place did have the DNR status regularly reviewed to assess the validity of the clinical judgement on an on going basis.

In the sample of care plans reviewed residents had a plan of care for end-of -life. The care plans contained detail of personal or spiritual wishes. Resident's preferences with regard to transfer to hospital if of a therapeutic benefit were documented in the end-of -life care plans reviewed.

In records reviewed it conveyed that residents and relatives were consulted and where they wished to express a view about how their end of life care should be managed this was recorded. There were issues of capacity to make decisions that nursing staff had to consider as some residents were highly dependent, had dementia or a combination of complex conditions. The nursing staff who spoke with the inspector recognised that decisions made in relation to end of life care were determined by the clinical presentation that prevails in the absence of residents being able to make a decision on their own behalf.

Judgment:
Compliant

Outcome 15: Food and Nutrition

Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

There was a policy on nutrition dated July 2016. Nutrition assessments were used to identify residents at risk and were also repeated on a regular basis. The inspector found that weight records indicated that residents' weights were checked monthly or more regularly if required. Records also showed that some residents had been referred for and received dietetic and speech and language (SALT) and/or dietetic review. The treatment plans for residents was recorded in the residents' records. Medication records showed that supplements were prescribed by a doctor and administered appropriately

The inspector observed that a lunch menu for the day was on display in the front foyer. The inspector observed mealtimes including mid morning refreshments and lunch. There were two sittings at lunch time, one for residents who required assistance with eating and the second dining was for residents who could eat independently. The tables were set in an attractive manner. The inspector spent time sitting in a dining area and observed that staffing levels were appropriate with care staff available to provide assistance with eating for residents as required. The inspector noted that lunch, in sufficient portions, was plated and presented in an appetising manner. Meals which were required to be pureed were also presented in an appealing manner with individual elements of the meal clearly identifiable.

There was access to fluids and snacks throughout the day and tea trolleys were seen in circulation during the inspection. The feedback received from residents during the inspection was positive and while a menu was displayed the inspector saw and residents confirmed that they were served whatever they wanted. Residents described meals as very good.

Judgment:

Compliant

Outcome 16: Residents' Rights, Dignity and Consultation

Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Residents spoke highly of the staff team and their attitude to their roles, and friendly nature. The inspector found the management style of the centre maximised residents' capacity to exercise personal autonomy and choice. The inspector observed positive interactions between residents and staff over the two days. The inspector observed good examples of the dignity of residents being promoted. Residents were able to exercise choice regarding the time they got up and were able to have meals at a time that suited them.

There was evidence of a good communication culture amongst residents, the staff team provider/ person in charge. Residents were well dressed. Personal hygiene and grooming were well attended to by care staff. The inspector observed staff interacting with residents in a courteous manner and respecting their privacy at appropriate times.

Residents had access to a variety of national and local newspapers and magazines to reflect their cultural interests and heritage. A resident gave out the daily newspapers. One resident attended day care services in another town. A residents' forum was in place and minutes of meetings were viewed by the inspector.

Residents' civil and religious rights were respected. Residents and staff confirmed that they had been offered the opportunity to vote in elections. Residents could practice their religious beliefs. There were sitting rooms available to allow residents meet with visitors in private. There were opportunities for all residents to participate in activities. There was a structured program of activities in place which was facilitated by an activities coordinator.

The inspector spoke with the activity coordinator who confirmed the range of activities in the weekly program. Weekend activities were facilitated by care assistants employed specifically to undertake activities. The activity schedule provided for both cognitive and physical stimulation. Residents told the inspector that they enjoyed going out for walks and the inspector observed that many themed parties were also held in the centre.

There was a notice board available providing information to residents and visitors. The activities coordinator outlined details of independent advocacy services that were available to the residents. There were no residents presently requiring the service. However, this information was available and referrals would be made on the resident's behalf if required.

As part of the inspection, the inspector spent a period of time observing staff interactions with residents. The inspector used a validated observational tool the quality

of interactions schedule, or (QUIS) to rate and record at five minute intervals the quality of interactions between staff members and residents. The inspector observed during this period of observation that the staff member knew the residents very well and connected with each resident on a personal level which demonstrated positive connective care. Staff were observed to be very familiar with residents' physical care needs, their family backgrounds and past achievements. Records of residents' participation or level of engagement in activities were maintained by the activities coordinator.

Judgment:
Compliant

Outcome 17: Residents' clothing and personal property and possessions
Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The centre had a policy on residents' personal clothes and possessions and the inspector saw that appropriate records were maintained of residents clothing and personal possessions. There was adequate space provided for residents' personal possessions and mobility aids.

There was a system in place to ensure laundry was effectively managed. Residents expressed satisfaction with the laundry service provided. The inspector spoke with a member of the laundry staff and found that there were procedures in place for the safe segregation of clothing to comply with infection control guidelines.

Judgment:
Compliant

Outcome 18: Suitable Staffing
There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:

Workforce

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The inspector formed the judgement through observation, speaking with staff and review of documentation that there was an adequate complement of nursing and care staff with the proper skills and experience to meet the assessed needs of residents at the time of this inspection taking account of the purpose and size of the designated centre. Staff told the inspector that they were well supported by the management team and that there was adequate staff deployed to meet the needs of residents.

The inspector noted that there were staff meetings arranged and that a range of topics were discussed. All staff were present at handover each morning and would discuss any issues arising also at that time. The inspector found that the education and training made available to staff was supporting them in their roles. There was good access to mandatory training, which was refreshed routinely. Documentary evidence of training attended was in place and staff verified that training was delivered and refreshed often.

Training had been provided on a range of topics that included elder abuse and the protection of vulnerable people, fire safety, infection control, food safety, restraint management and dementia. Good supervision practices were in place with the nurses visible on each floor providing guidance to staff and monitoring the care delivered to residents. Staff told inspectors that the director of nursing was involved on a daily basis and clear directional leadership and support was noted to be provided by the management team. The inspector carried out interviews with varied staff members and found that they were knowledgeable about residents' individual needs, fire procedures and the system for reporting suspicions or allegations of abuse.

Evidence of current professional registration for all rostered nurses was made available. Recruitment procedures were in place and samples of staff files were reviewed. As outlined and actioned under outcome seven Garda vetting was not in place for all staff. The inspector observed that new staff had a formal induction programme and suitable mentoring arrangements were in place. Staff appraisals were conducted on an annual basis. Staff told the inspector that there were open informal and formal communication within the centre to discuss issues and residents needs as they arose such as a short focussed weekly care meeting.

There were no volunteers engaged in the centre

Judgment:

Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Ide Cronin
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Borris Lodge Nursing Home
Centre ID:	OSV-0000203
Date of inspection:	06/09/2016
Date of response:	13/09/2016

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 07: Safeguarding and Safety

Theme:

Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The inspector found that there were four staff members whose Garda vetting applications were not fully processed were rostered to work.

1. Action Required:

Under Regulation 08(1) you are required to: Take all reasonable measures to protect residents from abuse.

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

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

Prospective employees will not commence work or be rostered for duty until Garda Vetting Disclosure has been received by the Nursing Home.

Proposed Timescale: 13/09/2016