<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Borris Lodge Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000203</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Borris, Carlow.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>059 977 3112</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:jimmy@borrislodge.ie">jimmy@borrislodge.ie</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Borris Lodge Nursing Home Limited</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Sheila Doyle</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Unannounced Dementia Care Thematic Inspections</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>52</td>
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<td>Number of vacancies on the date of inspection:</td>
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About Dementia Care Thematic Inspections

The purpose of regulation in relation to residential care of dependent Older Persons is to safeguard and ensure that the health, wellbeing and quality of life of residents is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer and more fulfilling lives. This provides assurances to the public, relatives and residents that a service meets the requirements of quality standards which are underpinned by regulations.

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).
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 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 monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

From: 17 April 2018 09:30
To: 17 April 2018 17:30

From: 18 April 2018 09:30
To: 18 April 2018 15:30

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

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Provider’s self assessment</th>
<th>Our Judgment</th>
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<tbody>
<tr>
<td>Outcome 01: Health and Social Care Needs</td>
<td>Compliance demonstrated</td>
<td>Substantially</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 02: Safeguarding and Safety</td>
<td>Compliance demonstrated</td>
<td>Substantially</td>
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<tr>
<td></td>
<td></td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 03: Residents’ Rights, Dignity</td>
<td>Compliance demonstrated</td>
<td>Substantially</td>
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<tr>
<td>and Consultation</td>
<td></td>
<td>Compliant</td>
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<tr>
<td>Outcome 04: Complaints procedures</td>
<td>Compliance demonstrated</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 05: Suitable Staffing</td>
<td>Compliance demonstrated</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 06: Safe and Suitable Premises</td>
<td>Compliance demonstrated</td>
<td>Substantially</td>
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</table>

Summary of findings from this inspection

As part of the thematic inspection process, providers were invited to attend information seminars given by HIQA. In addition, evidence-based guidance was developed to guide the providers on best practice in dementia care and the inspection process.

Prior to the inspection, the person in charge completed the provider self-assessment and scored the service against the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 and the National Standards for Residential Care Settings for Older People in Ireland. The previous table outlines the centre's and the inspector's rating for each outcome.

The inspector met with residents and staff members during the inspection. The
journey of a number of residents with dementia was tracked within the service. Care practices and interactions between staff and residents who had dementia were observed using a validated observation tool. Documentation such as care plans, medical records and staff training records were reviewed.

Borris Lodge Nursing Home is a three-storey building, which provides residential care for 52 people. Approximately 42% of residents have dementia.

Each resident was assessed prior to admission to ensure the service could meet their needs and to determine the suitability of the placement. Residents had a comprehensive assessment undertaken and care plans were in place to meet their assessed needs. However some gaps were noted in this documentation.

The health needs of residents were met to a high standard. Residents had access to general practitioner (GP) services, to a range of other health services and evidence-based nursing care was provided.

The dining experience was pleasant. Improvement relating to one aspect of medication management was required to ensure that each resident was protected by the centre's procedures for medication management.

Safe and appropriate levels of supervision were in place to maintain residents’ safety. Measures were in place to protect residents from harm or suffering abuse and to respond to allegations, disclosures and suspicions of abuse. Some improvement was required to ensure that restrictive practices were in line with national guidelines.

There was appropriate staff numbers and skill mix to meet the assessed needs of residents. There was a recruitment policy in place which met the requirements of the regulations. Staff files were complete. Action required from the previous inspection relating to Garda Síochána (police) vetting, had been addressed.

The inspector found that residents' privacy and dignity were respected and that residents were enabled to make choices about how to live their lives. Some improvement was required to ensure consistent meaningful engagement by staff.

These are discussed further in the report and included in the Action Plan at the end of this report.
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 Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Health and Social Care Needs

Theme:
Safe care and support

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

Findings:
The inspector was satisfied that each resident’s wellbeing and welfare was maintained by an acceptable standard of nursing care and appropriate medical and allied health care. The inspector saw that improvement was required to some care planning documentation to ensure that it contained sufficient detail to guide practice for residents with dementia. Some improvement was also required in medication management.

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, level of cognitive impairment and their skin integrity. A care plan was developed within 48 hours of admission based on the resident’s assessed needs. There was documented evidence that residents and their families, where appropriate, were involved in the care planning process. Some gaps were noted in the care planning documentation. The arrangements to meet each resident’s assessed needs were not consistently set out in an individual care plans. This was discussed in detail with staff and was being addressed prior to the end of inspection.

The inspector reviewed a sample of administration and prescription records and noted that some improvement was required around medication management practices. Some residents required medication as and when required (PRN). However, it was noted that nurses were administering the medication even though the maximum dose that could safely be administered in a 24 hour period was not consistently recorded.

Otherwise there was evidence of same medication management. The inspector saw that a fridge was provided for medications that required specific temperature control. The inspector noted that the temperatures, which were checked daily, were within acceptable limits at the time of inspection.

Written evidence was available that three-monthly medication reviews were carried out. Support and advice were available for the supplying pharmacy.
Medications that required strict control measures (MDAs) were carefully managed and kept in a secure cabinet in keeping with professional guidelines. Balances checked on inspection were correct.

The inspector was satisfied that there were suitable arrangements in place to meet the health and nursing needs of residents with dementia. Residents were satisfied with the service provided. Residents had access to general practitioner (GP) services and out-of-hours medical cover was provided. A full range of other services was available on referral including speech and language therapy (SALT) and occupational therapy (OT) services. Physiotherapy services were available on site. Chiropody, dental and optical services were also provided. The inspector reviewed residents’ records and found that some residents had been referred to these services and results of appointments were written up in the residents’ notes.

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.

There were systems in place to ensure residents’ nutritional and hydration needs were met. Residents were screened for nutritional risk on admission and reviewed on a monthly basis thereafter. Residents’ weights were also checked on a monthly basis or more frequently if required. Nutritional care plans were in place that detailed residents’ individual food preferences and outlined the recommendations of dietitians and speech and language therapists where appropriate. The inspector also noted that individual preferences and habits around mealtimes were recorded.

Assistance was offered to residents in a discreet and sensitive manner. Residents told the inspector that they enjoyed the food with some residents describing it as ‘hotel quality’ and all acknowledging that staff would get you anything you wanted to eat.

The inspector visited the kitchen and noticed that it was well organised. The chef on duty discussed the special dietary requirements of individual residents and information on residents’ dietary needs and preferences.

The catering staff discussed on-going improvements in the choice and presentation of meals that required altered consistencies. The inspector saw that residents who required their meal in an altered consistency had adequate choices available to them. The inspector noted that the menu was not on display in the dining room. This might serve as a reminder for residents as to what was being served.

The inspector saw that snacks and drinks were readily available throughout the inspection. The inspector observed and residents confirmed that the chef continued to produce a wide range of home-baking including a variety of scones, cakes and home-made desserts.

The inspector was satisfied that caring for a resident at end-of-life was regarded as an integral part of the care service provided. There were care practices and facilities in place so that residents received end-of-life care in a way that met their individual needs and wishes. The practices were supported by an end-of-life policy. Having reviewed a
sample of care plans the inspector was satisfied that each resident or their relative had been given the opportunity to outline their wishes regarding end of life. The centre received advice and support from the local palliative care team.

Staff were also using some of the hospice friendly hospital (HfH) initiatives such as the use of the spiral symbol to alert others to be respectful whenever a resident was dying.

There was a procedure in place for the return of possessions. A specific bag was set aside for the return of possessions when required.

**Judgment:**
Substantially Compliant

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### Outcome 02: Safeguarding and Safety

#### Theme:
Safe care and support

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

#### Findings:
The inspector found that measures were in place to protect residents from harm or suffering abuse and to respond to allegations, disclosures and suspicions of abuse. Some improvement was required to ensure that restrictive practices were in line with national guidelines.

The inspector reviewed the use of restraint and noted that appropriate risk assessments had been undertaken. Additional equipment such as low beds and sensor alarms had also been purchased to reduce the need for bedrails. In the restraint assessments reviewed, there was no documented evidence that other alternatives had been tried prior to the use of restraint. In addition the safety checks were not recorded as they were undertaken. Instead, one entry was made stating that the checks had been completed. The inspector saw that, on day two of inspection, new documentation was introduced to facilitate these records. The policy was also updated to reflect the practice.

Staff had received training on identifying and responding to elder abuse. There was a detailed policy in place. The person in charge and staff spoken to displayed sufficient knowledge of the different forms of elder abuse and all were clear on reporting procedures.

The inspector was satisfied that when needed, 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). Staff had received training and there was a
policy in place to guide practice. Detailed care plans were in place. Possible triggers and appropriate interventions were recorded.

The inspector saw that additional support and advice were available to staff from the psychiatric services.

The person in charge was a pension agent for some residents. The inspector saw that, at the time of inspection, a more robust system was being introduced, to ensure compliance with policies in place.

**Judgment:**
Substantially Compliant

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### Outcome 03: Residents’ Rights, Dignity and Consultation

**Theme:**
Person-centred care and support

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

**Findings:**
The inspector found that residents' privacy and dignity were respected and that residents were enabled to make choices about how to live their lives. Some improvement was required to ensure consistent meaningful engagement by staff.

As part of the inspection, the inspector spent a period of time observing staff interactions with residents with a dementia. The observations took place in the activity room, the sitting room and the dining room. Observations of the quality of interactions between residents and staff for selected periods of time indicated that 54% of interactions demonstrated positive connective care, 21% reflected task orientated care while 8% indicated neutral care. The remaining 17% represented missed opportunities for meaningful engagement by staff. For example, the inspector saw that a staff member came into a room where residents were sitting unoccupied, but did not make any conversation as she dropped off a piece of equipment. These results were discussed with the staff who attended the feedback meeting and the areas for improvement were outlined.

The inspector observed that some residents were spending time in their own rooms and enjoyed reading and watching TV, or taking a nap. Other residents were seen to be spending time in the different communal areas of the centre. Newspapers and magazines were available and the inspector saw some staff reading to residents.

The inspector found that residents were consulted about how the centre was run, and were enabled to make choices about how to live their lives. There was a residents' committee, and meetings were held on a regular basis. Staff told the inspector that the
views of all residents were taken on board.

Residents' religious and civil rights were supported. Mass was celebrated on a weekly basis. Church of Ireland ministers also attended the centre. Staff told the inspector that arrangements were in place for residents who wished to vote.

Staff spoken with outlined details of independent advocacy services that were available to the residents. A notice advertising this service was on display in the front hall.

There were no restrictions to visiting in the centre other than at mealtimes and some residents were observed spending time with family or friends in the various communal areas of the centre.

An activity programme included activities arranged for the mornings and afternoons, such as music, quizzes, bingo, exercises and relaxation therapies. The inspector saw residents enjoying these activities. The activities coordinator told the inspector that one to one time was scheduled for any resident including residents with more severe dementia or cognitive impairment who could not or did not wish to participate in the group activities. Other dementia relevant activities such as the Sonas programme (a therapy with a focus on promoting communication, especially for people with dementia), were included in the programme.

There was evidence that feedback was sought from residents and relatives on an ongoing basis on the services provided. Satisfaction surveys had recently been completed which indicated overall satisfaction with service provided.

**Judgment:**
Substantially Compliant

**Outcome 04: Complaints procedures**

**Theme:**
Person-centred care and support

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

**Findings:**
The inspector was satisfied that the complaints of each resident or relative including residents with dementia, were listened to and acted upon and there was an effective appeals procedure.

There was a complaints policy in place which met the regulatory requirements. A copy was on display in the front foyer. A minimal number of complaints were received, and records showed that all dealt with promptly by the designated complaints officer. The outcome of the complaint and the level of satisfaction of the complainant were recorded.
### Outcome 05: Suitable Staffing

**Theme:**
Workforce

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

**Findings:**
The inspector was satisfied that, on the days of inspection, there was appropriate staff numbers and skill mix to meet the assessed needs of residents.

There was a recruitment policy in place which met the requirements of the regulations. The inspector examined a sample of staff files and found that all were complete.

There were no volunteers in the centre at the time of inspection.

Assurance was given by the person in charge that Garda Síochána (police) vetting was in place for all staff. This had been identified as an area for improvement at the last inspection.

The inspector confirmed that up-to-date registration numbers were in place for nursing staff. The inspector reviewed the roster which reflected the staff on duty.

The person in charge promoted professional development for staff. Training was tailored to meet residents’ needs. Staff told the inspector they had received a broad range of training which included dementia care and managing responsive behaviours. A training plan was in place for 2018 and this included additional training in fire management, infection control, falls prevention as well as dementia care.

The inspector observed that a formal induction programme and suitable mentoring arrangements were in place. Staff appraisals were conducted on an annual basis. Short, focused team meetings were also held on a weekly basis, and the inspector saw that these included discussions regarding various incidents, complaints and residents' issues.

**Judgment:**
Compliant

### Outcome 06: Safe and Suitable Premises
**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. Additional improvements are planned and once completed, the design and layout will promote the dignity, wellbeing and independence of residents with a dementia.

The building was laid out over three separate floors, accessed by stairs and two lifts. The basement was not used by residents.

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 safe and accessible enclosed courtyards and mature garden at the front of the building. 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.

In total there were 46 single and 3 twin bedrooms. The bedrooms were comfortable, and many of the residents had personalised their bedrooms with family photographs, pot plants and favourite ornaments. The inspector saw that some rooms had the name of the resident in clear signage on the door, and the inspector saw residents using this to identify their room.

Adequate screening was available in the shared rooms. Call bells were provided in all bedrooms and communal areas. Additional toilet and bathroom facilities were suitably located around the premises.

Work had already been completed on providing contrasting colours in toilets and bathrooms to aid orientation. Some directional signage was also in place. The person in charge discussed plans afoot to further enhance the environment including additional signage.

There was appropriate equipment for use by residents or staff which was maintained in good working order. The inspector noted that a small number of chairs, in non-resident areas, were in need of repair.

**Judgment:**
Substantially Compliant

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**Closing the Visit**

Page 11 of 16
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:

Sheila Doyle
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider's response to inspection report

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<thead>
<tr>
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<tbody>
<tr>
<td>Centre ID</td>
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</tr>
<tr>
<td>Date of inspection</td>
<td>17 &amp; 18/04/2018</td>
</tr>
<tr>
<td>Date of response</td>
<td>27/04/2018</td>
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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 01: Health and Social Care Needs

Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Improvement was required to some care planning documentation to ensure that it contained sufficient detail to guide practice for residents with dementia.

1. Action Required:
Under Regulation 05(3) you are required to: Prepare a care plan, based on the assessment referred to in Regulation 5(2), for a resident no later than 48 hours after

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
that resident’s admission to the designated centre.

**Please state the actions you have taken or are planning to take:**
All Care plans for residents with a diagnosis of Dementia have been reviewed. The format of the care plans has been changed to include goals and interventions to ensure best outcomes for our residents with dementia.

**Proposed Timescale:** 27/04/2018

**Theme:**
Safe care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Some residents required medication as and when required (PRN). Nurses were administering the medication even though the maximum dose that could safely be administered in a 24 hour period was not consistently recorded

2. **Action Required:**
Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident’s pharmacist regarding the appropriate use of the product.

**Please state the actions you have taken or are planning to take:**
The maximum dose to be administered in a 24-hour period has been recorded on all resident’s prescription and the prescriber has been reminded that this information is required on all PRN prescriptions.

**Proposed Timescale:** 27/04/2018

**Outcome 02: Safeguarding and Safety**

**Theme:**
Safe care and support

**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**
Some improvement was required to ensure that restrictive practices were in line with national guidelines.

3. **Action Required:**
Under Regulation 07(3) you are required to: Ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.

**Please state the actions you have taken or are planning to take:**
Care plans of residents requiring or requesting bed rails has been reviewed to include documentation of alternatives trialled.

Proposed Timescale: 27/04/2018

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:
Person-centred care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
There were missed opportunities for meaningful engagement by staff.

4. Action Required:
Under Regulation 09(2)(a) you are required to: Provide for residents facilities for occupation and recreation.

Please state the actions you have taken or are planning to take:
Additional training is to be provided to staff, to improve the quality of interactions and enhance meaningful engagement by staff during daily activities and care activities. This will be monitored by the Director of Nursing, the assistant Director of Nursing and will be highlighted and emphasised at the weekly team meetings.

Proposed Timescale: This will be on-going.

Outcome 06: Safe and Suitable Premises

Theme:
Effective care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
A small number of chairs, in non-resident areas, were in need of repair.

5. Action Required:
Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

Please state the actions you have taken or are planning to take:
Replacement of furniture and equipment at end of life is carried out on a continual basis. New chairs have been ordered to replace chairs that are in need of repair and we
are awaiting delivery of same.

**Proposed Timescale:** 27/04/2018

**Theme:**
Effective care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
Continue with plans to enhance the environment to ensure the design and layout will promote the dignity, wellbeing and independence of residents with a dementia.

**6. Action Required:**
Under Regulation 17(1) you are required to: Ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.

Please state the actions you have taken or are planning to take:
A menu board will be placed in the Dining room to display a pictorial menu for residents as an aid and reminder of choices available at meal times.
Additional signage and contrasting colours on corridors to enhance the environment and assist in orientation of our residents will be continued and reviewed as required.

Proposed Timescale: On-going

**Proposed Timescale:**