Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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:	Unannounced
Date of inspection:	14 January 2025
Centre ID:	OSV-0000203
Fieldwork ID:	MON-0038682

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

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 14 January 2025	09:00hrs to 17:00hrs	Sinead Lynch	Lead
Tuesday 14 January 2025	09:00hrs to 17:00hrs	Yvonne O'Loughlin	Support

What residents told us and what inspectors observed

The inspectors met with the majority of the 49 residents living in the centre and spoke with 11 residents in more detail to gain a view of their experiences in the centre. All were very complimentary in their feedback and expressed satisfaction about the standard of the care provided. Residents who spoke with the inspectors also confirmed that their rooms were cleaned every day and that their "clothes were washed and tidied away nicely''.

This was an unannounced inspection carried out over one day, and included a focus on infection prevention and control systems and processes in place. Throughout the inspection, inspectors observed residents relaxing in their bedrooms or in the day rooms.

The inspectors observed that staff appeared to know the residents well and were aware of their individual needs. Residents spoke very complimentary about the staff and their kindness towards all the residents. Staff were observed to be interacting in a person-centred manner with the residents. There was a friendly relationship between the staff and residents. Inspectors observed staff sitting and chatting with residents in a kind, patient and friendly manner while providing one-to-one care such as hand massage and nail care.

Residents were complimentary about the food served and confirmed that they were always afforded choice. The menu was displayed and the tables were laid out with cutlery and condiments for the residents to access easily. Inspectors observed adequate numbers of staff offering encouragement and assistance to residents.

Overall, residents said that they felt listened to and had opportunities to make choices in their daily lives. There were resident meetings to discuss any concerns they may have and suggest ideas on how to improve the centre.

There was a notice board in the centre that provided up-to-date information about the service made available to residents. Advocacy services and their contact details were also displayed.

The location, design and layout of the centre was suitable for its stated purpose and met residents' individual and collective needs. The centre was observed to be safe, secure with appropriate lighting, heating and ventilation. The internal courtyards and garden area was readily accessible and well-maintained making it safe for residents to go outdoors independently or with support, if required.

Residents had easy access to two enclosed courtyards. One had a sheltered smoking area that led out to the courtyard, with raised flower beds and paved surfaces 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 fine weather.

There were many positive infection prevention and control practices seen by inspectors on the day. Housekeeping trolleys were clean and well-maintained with a lockable storage area for chemicals. Safety data sheets for all chemicals used for cleaning were available to provide information on handling and storage of the chemicals in the event of an accident. There was a designated housekeeping room that was clean and well-ventilated, however further improvements were required in the maintenance of the floor. This is discussed under Regulation 17: Premises.

The provider had access to microbiology laboratory services and a review of resident files found that clinical samples for culture and sensitivity were sent for laboratory analysis as required. A dedicated fridge was available for specimens awaiting transport to the laboratory. This was not plugged in on the day of inspection but was clean and ready for use if required.

Residents rooms, communal and ancillary areas were clean and tidy. On the day of inspection a selection of urinals and trays in the sluice room were visibly dirty; an action was given to discard these items and this action was completed by the end of the day. In addition, sharps management needed improvements to protect staff from a sharps injury.This is discussed under Regulation 27: Infection control.

Visitors reported that the management team were approachable and responsive to any questions or concerns they may have. There were no visiting restrictions on the day of the inspection and visitors were seen coming and going throughout the day.

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

There was a clearly defined management structure in place and this inspection identified it was a well-run centre with a culture which promoted person-centred care. Overall, the registered provider was striving to provide a service compliant with the regulations. Some opportunities for improvements were identified in the areas of infection prevention and control (IPC) and staff training and development which is further discussed within this report.

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.

Staff training records were maintained to assist the person in charge with

monitoring and tracking completion of mandatory and other training completed by staff. However, inspectors identified some gaps in staff knowledge regarding the management of skin integrity, which meant that further training was required specifically in relation to completing the pressure ulcer prevention assessment. This is discussed further under Regulation 16: Training and staff development.

There were regular management team meetings and minutes of these meetings were available to the inspectors. The management team had documented many improvements they wanted to implement following both clinical and non-clinical audits in the centre. Action plans were made available with achievable time-frames set.

Documentation including directory of residents, certificate of insurance, annual review of care and services was reviewed and found compliant. The annual review reported on the standard of services delivered throughout 2023, which included IPC. This review included feedback from residents through satisfaction surveys.

The Director of Nursing had overall responsibility for IPC and antimicrobial stewardship (AMS). The provider had also nominated the assistant director of nursing to the role of IPC link nurse who had completed the IPC link practitioner course and this training was reinforced by monthly updates and links with the community IPC team.

All Schedule 5 policies and procedures were in place as required. The infection prevention and control policy in place could be further enhanced to include the latest evidence-based guidelines in respect of IPC and the latest antimicrobial stewardship guidance.

There were sufficient numbers of housekeeping staff on duty to meet the needs of the residents on the day of the inspection. The provider had a number of assurance processes in place in relation to the standard of environmental hygiene.

The centre was in an outbreak of a contagious skin condition on the day of the inspection. The outbreak had been notified to the Chief Inspector and appeared to have been well-managed with supports in place from public health. An outbreak plan was in place to guide the staff and up-to-date guidance to manage the outbreak was available. The inspectors observed adequate amounts of personal protective equipment (PPE) that was neatly stored and easily accessible.

Documentation reviewed relating to water safety management did not provide the assurance that the risk of *Legionella* was being effectively managed in the centre. For example, water was sampled at one point only not at two points as recommended in the national guidance.

Regulation 16: Training and staff development

Further training was required in relation to the assessment of pressure ulcers. There

were three residents who had been inaccurately assessed using this tool. This may negatively impact the residents in relation to the urgency of referrals to appropriate healthcare professional.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The directory of residents was reviewed and it was found to contain all of the required information outlined in part 3 of Schedule 3, including details of their next of kind or any person authorised to act on the resident's behalf.

Judgment: Compliant

Regulation 22: Insurance

There was an appropriate contract of insurance in place that protected residents against injury and against other risks, including loss or damage to their property.

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 4: Written policies and procedures

The registered provider had prepared in writing the policies and procedures as set out in Schedule 5 of the regulations.

Judgment: Compliant

Quality and safety

Overall, this was a good service that delivered high quality care to the residents. The inspectors found that residents were supported and encouraged to have a good quality of life and saw evidence of individual residents' needs being generally met, however, further action was required in respect of premises and infection prevention and control to ensure a safe service was provided to residents at all times.

The nursing team in the centre worked in conjunction with all disciplines as necessary. Residents had their own general practitioner (GP) of choice, and medical cover was available daily, including out-of-hours.

Residents' care plans and daily nursing notes were recorded on an electronic documentation system. Residents' needs were comprehensively assessed using validated assessment tools at regular intervals and when changes were noted to a resident's condition. However, inspectors found that pressure ulcer assessments were not accurately completed.

Residents were provided with a varied and nutritious diet. Minutes from a residents' meeting were seen by the inspectors which showed residents had discussed changes to the menu. Residents had put their preferences forward and these changes were made. Each day, residents had a varied choice to suit all dietary requirements.

Staff were receiving on-going training in ''Human Rights'' and the inspectors observed the impact of this training in the following ways. Management and staff knew the residents well and were familiar with each residents' daily routine and preferences. The inspector observed that residents' rights and dignity was supported and promoted with examples of kind, discreet, and person-centred interventions between staff and residents seen throughout the day.

Good hand hygiene practices were supported by a hand sanitiser available at the point of care for each resident. Clinical hand wash sinks were available on the corridor on each floor, these sinks were easily accessible for staff to wash their hands. Notwithstanding the good practices and facilities available for hand hygiene, some improvements were still required. For example, the hand hygiene sink in the sluice room did not meet the requirements of a clinical hand hygiene sink and was not in good repair on the day of inspection. This is discussed under Regulation 17: Premises.

The provider continued to manage the ongoing risk of infection from COVID-19 and other infections. The inspectors identified some good practices in infection prevention and control. For example;

- The residents colonised with multi-drug resistant organisms (MDRO) were clearly identified, and their care plans included detailed information to ensure personalised care and safe practices.
- There was a low use of prophylactic antibiotics which is good practice and staff were knowledgeable about "skip the dip" a national programme to reduce the use of urinalysis to diagnose a urinary tract infection.
- Waste, laundry and linen were managed in a way to prevent the spread of infection.

The kitchen was well-maintained clean and tidy. However, there was no separate cleaning store room for cleaning equipment with a janitorial unit to discard dirty water. The impact of this is discussed further under Regulation 17: Premises.

Regulation 17: Premises

While the premises were designed and laid out to meet the number and needs of residents in the centre, some areas required maintenance and repair to be fully compliant with Schedule 6 requirements. For example:

- The hand hygiene sink in the sluice room was leaking from an underneath pipe during use. This posed an increased risk of slips and falls for both residents and staff, as a significant amount of water accumulated on the floor when the sink was used by the inspectors.
- The kitchen lacked a designated cleaning storeroom. The mop bucket used for cleaning the kitchen was stored outside in a shed alongside the recycling waste, creating a heightened risk of cross-contamination and infection. Additionally, the water from the mop bucket was discarded down an external drain near the kitchen due to the absence of a janitorial unit and may cause splashing on staff uniforms.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

The person in charge ensured that residents received wholesome and nutritious meals that met the dietary needs of the residents. There was access to a safe supply of fresh drinking water at all times.

Judgment: Compliant

Regulation 20: Information for residents

The Residents' Guide detailed all the services and facilities in the centre. It also included information relating to residence in the centre and the visiting policy. The procedure for making a complaint was included both in full detail and in plain English to make it more accessible to residents.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

A review of documentation found that there was effective communication within and between services when residents were transferred to or from hospital to minimise risk and to share necessary information. The transfer document and the pre-assessment document contained details of health-care associated infections and colonisation to support sharing of and access to information within and between services.

Judgment: Compliant

Regulation 26: Risk management

The registered provider had a risk management policy in place as set out in Schedule 5. This included the hazard identification and assessment of risks throughout the designated centre.

Judgment: Compliant

Regulation 27: Infection control

The provider generally met the requirements of Regulation 27: Infection control and the *National Standards for infection prevention and control in community services* (2018), but further action is required to be fully compliant. For example;

- The needles used for injections and drawing up medication lacked safety devices. This omission increased the risk of needle stick injuries, which may leave staff exposed to blood borne viruses.
- The sharps boxes in use at the nurses station did not have the temporary closure engaged and they were stored up too high. This increased the risk of spillage and a needle stick injury to staff.
- The urinals in the clean zone of the sluice room were visibly dirty. This

increased the risk of infection spread to residents and may cause a catheter associated urinary tract infection.

- In relation to water safety management improvements were required to provide a safe service at all times. For example, there were flushing records of all water outlets but the water had not been fully tested to ensure Legionella bacteria was not present in the water samples of sentinel points.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

There was a good standard of care planning in the centre, with a focus on person-centred care. Care interventions were specific to the individual concerned and there was evidence of family involvement when residents were unable to participate fully in the care planning process.

Judgment: Compliant

Regulation 6: Health care

It was observed that through ongoing comprehensive assessment resident's health and well-being were prioritised and maximised. Residents had access to their GP of choice and members of the allied health care team as required.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were supported to access recommended vaccines, in line with the national immunisation guidelines. The inspectors observed kind and courteous interactions between residents and staff on the day of inspection.

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 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Borris Lodge Nursing Home OSV-0000203

Inspection ID: MON-0038682

Date of inspection: 14/01/2025

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

This document is divided into two sections:

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

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

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: PIC reviewed our staff nurses training and have scheduled all staff for skin integrity training on 27/02/2025 and 01.05.2025 . Also, we completed toolbox training regarding skin integrity for staff nurses on the 23/01/2025. Nutricia training is booked for all staff nurses in relation to the assessment of pressure ulcers in 11/03/2025. DPIC will be holding a monthly toolbox session to make sure all staff have completed skin integrity training. Also, quarterly audits will be conducted on samples to make sure Waterlow assessment is completed as per standard.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: Leak from the hand sink in the sluice room was secured on the day of inspection. There is a plan to install a new clinical hand hygiene sink on the 21/03/2025 Following the inspection, we have reviewed our storeroom. We are going to designate this room to a cleaning storeroom and going to refurbish by the 21/03/2025	
Regulation 27: Infection control	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control: Following the inspection we have implemented: Sharp box was placed beside the fridge to create easy access to the staff. All staff have been informed of the necessity to temporarily close the sharp containers. All needles have been replaced with safety needles. All unclean urine bottles were discarded on the day of inspection and have been replaced. IPC lead will perform audits to ensure a good practice is maintained. 04.02.2025 Three water samples have been taken from the facility.	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	01/05/2025
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	21/03/2025
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	04/02/2025