

Health Information and Quality Authority
Social Services Inspectorate

Inspection report
Designated centres for older people



Centre name:	Borris Lodge Nursing Home
Centre ID:	0203
Centre address:	Borris
	Co Carlow
Telephone number:	059-9773112
Email address:	jimmy@borrislodge.ie
Type of centre:	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered provider:	James O'Keeffe
Person in charge:	James O'Keeffe
Date of inspection:	8 February 2011
Time inspection took place:	Start: 09:45hrs Completion: 16:30hrs
Lead inspector:	Noelene Dowling
Support inspector(s):	N/A
Purpose of this inspection visit	<input type="checkbox"/> Application to vary registration conditions <input type="checkbox"/> Notification of a significant incident or event <input type="checkbox"/> Notification of a change in circumstance <input checked="" type="checkbox"/> Information received in relation to a complaint or concern <input checked="" type="checkbox"/> Follow-up inspection

About the inspection

The purpose of inspection is to gather evidence on which to make judgments about the fitness of the registered provider and to report on the quality of the service. This is to ensure that providers are complying with the requirements and conditions of their registration and meet the Standards, that they have systems in place to both safeguard the welfare of service users and to provide information and evidence of good and poor practice.

In assessing the overall quality of the service provided, inspectors examine how well the provider has met the requirements of the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

Additional inspections take place under the following circumstances:

to follow up on specific matters arising from a previous inspection to ensure that the action required of the provider has been taken following a change in circumstances; for example:

- following a notification to the Health Information and Quality Authority's Social Services Inspectorate that a provider has appointed a new person in charge
- arising from a number of events including information received in relation to a concern/complaint or notification to the SSI of a significant event affecting the safety or well-being of residents
- to randomly "spot check" the service.

All inspections can be announced or unannounced, depending on the reason for the inspection and may take place at any time of day or night.

All inspection reports produced by the Health Information and Quality Authority will be published. However, in cases where legal or enforcement activity may arise from the findings of an inspection, the publication of a report will be delayed until that activity is resolved. The reason for this is that the publication of a report may prejudice any proceedings by putting evidence into the public domain.

About the centre

Description of services and premises

Borris Lodge Nursing Home is a family run centre providing long-term, convalescent respite, and dementia care for persons over 65 years and younger persons with an acquired brain injury. There is accommodation for 52 residents.

The premises were originally a dower house built in 1885 and was first used as a nursing home in 1984. The premises were extended in two phases, once by the original owners and latterly by the present provider who took ownership in 2000.

The premises is a two-storey over basement construction, comprising of a ground floor which contains the reception area, nurse's office and adjoining dining room which is located in what was a conservatory and is bright and spacious. The kitchen, one large living room and three smaller living rooms, storage rooms and a sluice room are also located on this floor. Sleeping accommodation for residents on this floor comprises of 26 single bedrooms with en suite facilities consisting of assisted showers, wash-hand basin and toilet, and six single bedrooms with wash-hand basins. There are four assisted bathrooms on this floor.

The second floor, which is accessed via one of two lifts, comprises a living room, two single bedrooms with en suite, containing an assisted shower, toilet and wash-hand basin and one twin-bedded room with en suite, two twin bedrooms and 12 single rooms. The residents share two assisted bathrooms, one with medi-bath and toilet, one wet room with toilet, one bathroom with bath and two separate single toilets.

Windows are low level which allows residents to enjoy the views of the surrounding countryside. There are three courtyard areas on the ground floor which can be accessed easily by residents.

The basement contains a laundry room, meeting room, general storage, staff kitchen and changing room with showers. One room is currently being adapted to facilitate a hairdressing room on this floor. The driveway and grounds are landscaped and well maintained.

Location

The centre is located in the village of Borris, Co Carlow in close proximity to all shops and amenities.

Date centre was first established:	2000
Number of residents on the date of inspection	51
Number of vacancies on the date of inspection	1

Dependency level of current residents	Max	High	Medium	Low
Number of residents	20	15	11	5

Management structure

James O’Keeffe is both the Provider and the Person in Charge. Helen O’Keeffe is the Director of Nursing. Kathleen Carrig is the Assistant Director of Nursing and deputises for the Person in Charge and the Director of Nursing in their absence. All nursing, care assistant, catering and cleaning staff report to the Director of Nursing. Maintenance staff report to the Person in Charge.

Staff designation	Person in Charge	Nurses	Care staff	Catering staff	Cleaning and laundry staff	Admin staff	Other staff
Number of staff on duty on day of inspection	1	4	7	3	3	0	2*

* Maintenance

Background

This was the second inspection undertaken by the Health Information and Quality Authority in Borris Lodge. This inspection was undertaken to ascertain the provider's compliance with the completion of the actions and timeframes identified on the previous inspection which was undertaken on 29 June 2010. It was also informed by information received by the Authority in relation to prevention of falls or injury to residents and the healthcare of residents.

The findings of the registration inspection demonstrated that the centre was well managed. The day-to-day health needs of residents were met to a good standard with regular access to general practitioners (GP) services and reviews of healthcare. Good practice in relation to staffing levels and staff training were evident. The care was found to be person-centred with individual needs of residents being met. Initiatives such as residents' meetings and the introduction of satisfaction surveys were evident. Good fire management and emergency procedures were in place. The premises were fit for purpose and all legal requirements had been complied with.

Areas for improvement were identified at that time in relation to the care planning process, consultation in regard to care planning and consent for use of methods of restraint, access to multidisciplinary services and detailed audits of accidents and incidents. The response to the action plan was detailed and timely and clearly outlined the actions the provider intended to take.

Summary of findings from this inspection

The findings of this inspection demonstrate that the provider had fully implemented six of the seven actions required following the previous inspection with the exception of the relocation of the nursing station. This action was in the process of completion.

The inspector found that practice in relation to risk management strategies including falls prevention was good. Timely responses and appropriate remedial actions were noted in response to any incident which involved residents. Good practice in care planning and consultation with residents was found. Access to specialist services and healthcare was prompt. Methods of restraints or enabling devices such as lap belts and bedrails were found to be adequately assessed, appropriately utilised, monitored and were not excessively implemented.

Inspectors also reviewed the fire safety records and staff roster and found that improvement was required in the number of routine fire drills held and the number of nursing staff on night duty. The provider agreed to rectify these matters.

The Action Plan at the end of this report identifies the improvements' that are required to comply fully with the the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

Issues covered on inspection:

Inspectors reviewed the action plan in relation to care planning, risk assessment and management strategies, access to allied health services assessments, and the premises. The inspector examined residents medical and care records, risk management register, directory of residents, rosters and fire safety records. Inspectors met and spoke with the provider, the director of nursing, key senior manager, residents and staff and observed practices.

Comments from residents:

Residents informed the inspector that they felt safe, as the staff were always available to them and responded promptly if they needed them. They said the premises was warm, their beds were comfortable and their day-to-day needs were attended to promptly. They informed inspectors that their doctor would be called very quickly should the need arise and that staff supported them to remain mobile and independent.

Actions reviewed on inspection:

1. Action required from previous inspection:

- (a) Implement a risk management policy.
- (b) Make arrangements for the identification, recording, investigation and learning from untoward incidents.
- (c) Ensure that specialist seating used for residents has been adequately risk assessed for suitability of use by residents.
- (d) Risk assess the use of bedrails and review their usage regularly.
- (e) Seek the informed consent of residents or relatives in any cases where restraints are to be used.

This action was completed. The provider had commenced a process of risk assessment and management strategies for all areas of practice and the premises. A record of incidents and accidents was maintained. The inspector viewed this and found that documentation was detailed and comprehensive and included the whereabouts of staff members and residents when any incident occurred. This information was found to be comprehensively reviewed at the weekly nursing staff meeting and alternative strategies implemented. These strategies include environmental modification, referral to specialist services, additional supervision, the provision of high-low beds, alterations to manual handling strategies to prevent a reoccurrence of risk or injury. This information is then transferred to the residents care plan and the actions outlined were seen to be implemented. Strategies are reviewed, altered or discontinued as the residents' need change.

The inspector found that seating assessments had been undertaken by the occupational therapists and specialist seating provided as and when required. Residents are encouraged to remain mobile and independent; occupational therapists have provided adapted walking aids and staff were observed supporting residents to walk slowly and safely. Residents confirmed that they like to be independent and value this.

Assessments for the use and safety of methods of restraint such as bedrails or lap belts had been undertaken, detailing the reason for the action. For example, lap belts were used on the advice of the occupational therapist as an alignment tool and bedrails were used at the request of the resident or in response to a risk of falling. In total 20 residents were using such devices. The assessment for their usage was detailed and consent is evident. The use of any such devices was found to be reviewed and the inspector saw evidence that where their usage was no longer deemed necessary or useful to the identified risk it was discontinued. The provider requested the pharmacy to undertake a review of medication management procedures to ensure they are in line with legislation and best practice.

2. Action required from previous inspection:

- (a) Include the residents, as appropriate to their needs and abilities, and relatives, in the care planning process.
- (b) Include the residents' personal and social care needs in the care-planning process.

This action was completed. The care plans were detailed and contained comprehensive information on resident's personal and social care needs to inform their day-to-day life. There was evidence that residents' or relatives were involved in this process with a named nurse allocated responsibility for specific residents to ensure that this consultation was undertaken. The plans were found to be regularly reviewed and clinical assessments comprehensively carried out. Residents confirmed that they are consulted and their needs are discussed with them.

3. Action required from previous inspection:

Facilitate access to allied health services such as physiotherapy or other such services where required.

This action was completed. Inspectors found evidence that referrals to allied health services including speech and language, physiotherapy, mental health specialists and gerontology had been made as dictated by the needs of the residents. Actions advised by these specialists were promptly carried out. Records reviewed also showed evidence that access to specialist services and prompt access to the GP for medical review was provided. Preventative strategies such as the annual flu injection, and good practice in infection control were also evident.

4. Action required from previous inspection:

Ensure that all monies or valuables held for safe keeping for residents are signed by the resident or his/her representative and an up-to-date record is kept.

This action was completed. Inspectors examined records of personal monies held by the provider at residents request and found that the details were accurate, with all monies or valuables itemised and signed for by either residents or relatives.

5. Action required from previous inspection:

Include a defined appeals process in the complaints procedure.

This action was completed. Inspectors saw the complaints log and found that the complaint made was managed with transparency and the resident and family were consulted and kept fully informed. An appeals process has been identified.

6. Action required from previous inspection:

- (a) Complete the plans to relocate the kitchen area and the nurse's station to allow greater freedom of movement for residents.
- (b) Provide each resident with suitable lockable storage for valuables.

This action had not been fully completed. However, the arrangements were made to relocate the nurses' station and the provider was awaiting the relocation of the telephone line to complete this. The provider informed the inspector that this will be completed before the end of February 2011. The kitchen storage area will be altered at the suggestion of the environmental health officer and timeframe has been agreed with that department.

This action was completed. Some of the residents have an integrated lockable drawer in the bedside locker and the provider has procured lockable storage boxes for the remaining residents.

7. Action required from previous inspection:

Include in the directory of residents the name and address of any authority, organisation, or other body who arranged the resident's admission to the designated centre.

This action was completed. The Inspector examined the directory of residents and found that it contained all of the information required by the Authority, including the name and address of any organisation who arranged the residents transfer to the designated centre. It also outlined the date, causes of and location of a resident's death.

Other issues covered:**Fire safety:**

Inspectors examined the fire safety records and equipment. Records demonstrated good practice in fire management systems with the fire fighting equipment serviced twice yearly with the last check undertaken in October 2010. Fire alarm and detection systems were serviced quarterly, and monthly routine checks on the escape routes and door releases were carried out, with weekly checks on the alarm systems taking place. Fire safety training had taken place twice yearly. However, no fire drill has taken place since June 2010. The provider agreed to address this promptly.

Staffing:

Inspectors reviewed staff training records and found that the provider has maintained the commitment to ensuring that staff are appropriately trained to provide care, with 10 of the care assistant staff undertaking Further Education and Training Awards Council (FETAC) Level 5, and mandatory training had been updated with good attendance by staff. A staff supervision document has been compiled and the director of nursing will undertake this formally with all staff.

The provider has increased the care assistant staff by one, from 17:00hrs until 21:00hrs to support residents at this time. However, examination of the current and previous roster demonstrated that there is not a second nurse on duty overnight on all occasions, which is not a sufficient number given the dependency levels and assessed needs of the residents. The provider agreed to rectify this.

Report compiled by:

Noelene Dowling

Inspector of Social Services
Social Services Inspectorate
Health Information and Quality Authority

8 February 2011

Chronology of previous HIQA inspections	
Date of previous inspection	Type of inspection:
29 June 2010	<input checked="" type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input type="checkbox"/> Follow-up inspection <input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced

Provider's response to additional inspection report*

Centre:	Borris Lodge Nursing Home
Centre ID:	0203
Date of inspection:	8 February 2011
Date of response:	24 February 2011

Requirements

These requirements set out what the registered provider must do to meet the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

1. The provider has failed to comply with a regulatory requirement in the following respect:

Regular fire drills had not taken place.

Action required:

Ensure, by means of fire drills and practices at suitable intervals, that persons working in the designated centre and in so far as possible, residents, are aware of the procedure to be followed in the event of fire.

Reference:

Health Act 2007
Regulation 32: Fire Precautions and Records
Standard 26: Health and Safety

* 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 with timescales:	Timescale:
<p>Provider's response:</p> <p>Fifty staff members completed fire safety training on 22 February 2011 and fire drills will be held twice yearly.</p>	Completed

2. The person in charge has failed to comply with a regulatory requirement in the following respect:

The skill-mix of staff was not always appropriate to the assessed needs and number of residents.

Action required:

Ensure that the skill-mix of staff, with particular reference to nursing staff on night duty is appropriate to the assessed needs and number of residents.

Reference:

Health Act 2007
Regulation 16: Staffing
Standard 23: Staffing Levels and Qualifications

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>Arising from the previous inspection in relation to staff nursing skills on night duty and our ability to monitor them, we decided to rotate night duty staff nurses on to days for assessment of their skills. This had left some periods where two staff nurses would not be on night duty. As this process has now been completed we will ensure that two nurses are always part of the night roster with two care assistants.</p>	Completed

Any comments the provider may wish to make:

Provider's response:

Arising from the previous inspection in relation to staff nursing skills on night duty and our ability to monitor them, we decided to rotate night duty staff nurses onto days for assessment of their skills. This had left some periods where two staff nurses would not be on night duty. As this process has now been completed we will ensure that two nurses are always part of the night roster with two care assistants.

Provider's name: James O'Keeffe

Date: 24 February 2011