



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:	11 September 2025
Centre ID:	OSV-0000203
Fieldwork ID:	MON-0047899

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:	51
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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
Thursday 11 September 2025	09:00hrs to 16:25hrs	Sarah Armstrong	Lead

What residents told us and what inspectors observed

Overall, the residents in Borris Lodge Nursing Home were being well cared for by a dedicated and caring staff team. However, the inspector found that action was required with the activities provided to residents to ensure compliance with the regulations.

On arrival to the centre, the inspector met with the person in charge. After an introductory meeting, the inspector completed a walk around the centre with the person in charge where residents and staff were observed to be getting ready for the day ahead. The centre was warm and bright and there was a calm and relaxed atmosphere throughout the day. The inspector spoke with a number of residents and a small number of visitors on the day of inspection. Overall, feedback was mostly positive. All residents spoken with spoke highly of the staff working in the centre and the care they received. One resident told the inspector "I'm really very lucky. I don't want for anything". Another resident told the inspector "all the staff are really fantastic - I couldn't pick one out as they are all marvellous". Relatives of residents told the inspector that they were happy with the communication they received from the staff. Relatives also said that they were able to visit the centre when they wished, with no restrictions and that they always felt welcome. Both residents and relatives told the inspector that they never had to make a complaint about any aspect of the care provided, but stated that if they did, they would know who to speak to and felt comfortable to do so. Residents also told the inspector that they felt safe living in Borris Lodge Nursing Home.

Staff interactions with residents were observed to be kind and respectful, and it was clear that both the residents and staff knew and understood each other well. However, on both floors of the designated centre, the inspector observed that many residents in communal areas were sleeping in their chairs throughout the day, as there was limited meaningful activities provided for them. There was a reliance on television as an activity for much of the day, and it was observed that many residents were not watching the programmes being shown. One resident told the inspector "it's always mass or repeats. I don't bother looking at it". When asked about the activities available, one resident told the inspector "there's not much going on today. There's exercises on once a week, I enjoy that". Another resident spoken with did not know where they could access the weekly activities schedule to help them plan their week.

Borris Lodge Nursing Home is situated on the edge of Borris town, Co. Carlow. The residents' accommodation is laid out across two floors and is a mix of single and twin bedrooms. Residents' bedrooms were observed to be clean and tidy and were personalised with residents' own belongings which gave them a homely feel. One resident invited the inspector to view their bedroom and told the inspector "I have a very nice room, here are all the photographs of my family". Some residents also had photographs or ornaments positioned on the outside of their bedroom doors to help guide them to their own rooms. Residents had access to lockable storage in their

bedrooms to securely place any valuables they wished.

Residents had unrestricted access to three secure enclosed courtyards accessed from the ground floor. These courtyards contained comfortable seating for residents and had neatly planted flower beds and raised planter boxes, which some of the residents had helped to plant and maintain. In general, the premises was in a good state of repair and was tastefully decorated to provide a calm and relaxed atmosphere for the residents to enjoy, with plenty of vibrant plants and opportunities to sit and relax. Corridors were wide and equipped with handrails which supported residents to mobilise independently. There was also adequate storage available in the centre.

On the ground floor, there were a number of communal spaces including two sitting rooms, a visitors' room and a large dining room. There was also an atrium area with seating, TV and coffee tables which was open to the corridor. On the day of inspection, the inspector observed that the main sitting room was not used by residents. Instead, for the majority of the day, residents on the ground floor occupied the atrium. Residents' told the inspector that they enjoyed sitting in the atrium as they passed their time watching people coming and going. On the day of inspection, it appeared to the inspector that residents' relied on the busyness of this area as a source of activity for them. On the first floor, there was one communal lounge. This space was used by residents as both a sitting room, and as a space for some residents to take their meals.

Residents also provided positive feedback about the food provided in the centre, telling the inspector "the food is delicious" and "its always very nice". On the day of inspection, residents were offered a choice at meals which included a choice of chicken or beef for dinner, followed by a choice of dessert which included jelly and ice cream, fruit crumble and pineapple cake. Some residents required staff to assist them with their meals. Where this was the case, staff were observed providing gentle and discreet assistance to the residents in a manner which respected their dignity at meal time. Staff were also observed to be encouraging residents with their fluid intake throughout the day of inspection. Some residents had chosen to take their meals in their bedrooms and this was respected by staff. There was also sufficient staff to supervise residents at mealtimes, which included supervision of residents dining in their bedrooms.

The inspector also spoke with staff during the inspection. Some members of staff had worked in Borris Lodge for a number of years. Staff spoken with told the inspector that Borris Lodge was a nice place to work and they felt supported in their roles by the management team, telling the inspector that they had good access to a variety of training programmes which they felt supported them in their roles. The inspector also observed that interactions between members of the staff team demonstrated a sense of camaraderie which added to a warm and inclusive environment within the centre.

The next two sections of this report 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 delivered to

residents.

Capacity and capability

This was an unannounced inspection completed over the course of one day by an inspector of social services. The purpose of the inspection was to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). During this inspection, the inspector followed up on the compliance plan from the previous inspection conducted in January 2025, and found that the provider had completed all actions committed to as part of the compliance plan.

The provider of Borris Lodge Nursing Home is Borris Lodge Nursing Home Limited which is part of the Evergreen Care Group. The provider is represented by one of the company directors. The person in charge in the designated centre has held their position for a number of years and is supported in their role by an assistant director of nursing, two clinical nurse managers and a team of nursing staff, health care assistants, catering, housekeeping, maintenance and administrative staff.

Overall, the inspector found that Borris Lodge Nursing Home was a well managed centre, where residents received good standards of person-centred care. There was an established governance and management system in place. There was a robust auditing system established. The inspector reviewed a sample of audits including care plan, falls, wounds and environmental audits and found that the provider was self identifying gaps in practices and had implemented robust quality improvement plans to ensure issues identified were promptly addressed. However, further oversight was required in respect of some staff practices, including ensuring residents had access to meaningful activities aligned to their interests and capacities and the effective use of day spaces in the centre.

There appeared to be sufficient resources available on the day of inspection. The atmosphere in the centre was calm, and call bells were observed to be promptly responded to. Residents also told the inspector that staff were always quick to respond to their requests for support and that they were never left waiting for their needs to be met. However, the inspector observed residents being left unsupervised in communal areas on the day of inspection. These findings are discussed further under Regulation 23: Governance and management and Regulation 16: Training and staff development.

A sample of staff files were reviewed and included a variety of staff roles. The inspector found that all staff had valid Garda vetting in place, which was obtained prior to staff commencing their employment in the centre. Staff files contained all information as is required under Schedule 2 of the regulations.

All staff working in the centre had completed up-to-date mandatory training. This included training in fire safety, manual handling and the prevention, detection and

management of abuse. Training provided for staff was a mix of online and in person training. Staff working in the centre told the inspector that they had good support in their roles and professional development from the management team, and that they had undergone a detailed induction process upon commencing their employment. There was also evidence available to the inspector that staff were provided regular opportunities for staff appraisal with a member of the management team to help them to develop further within their roles.

The inspector reviewed a sample of residents' contracts for the provision of services. These contracts clearly described the service to be provided to residents and set out the fees associated with the provided service.

Regulation 15: Staffing

The number and skill mix of staff was sufficient to meet the assessed needs of the residents. Residents told the inspector that staff were responsive to their needs and they were not left waiting for care to be provided to them. There was a registered nurse on duty at all times.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had not ensured that staff were appropriately supervised. This was evidenced as follows;

- Staff were not appropriately supervised to ensure that residents utilised the appropriate available communal spaces on the ground floor. This was evidenced by staff lining residents along the corridor adjacent to the atrium to watch television.

Judgment: Substantially compliant

Regulation 21: Records

The inspector reviewed a sample of four staff files. All files reviewed met the requirements of Schedule 2 of the regulations and all staff had valid Garda vetting in place prior to commencing employment in the centre.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had not ensured that there were management systems in place to ensure that the service provided was safe, appropriate, consistent and effectively monitored. This was evidenced by;

- Oversight systems not ensuring appropriate staff allocations throughout the day, residents were observed unsupervised in communal areas for extended periods of time on the day of inspection.
- The oversight systems in place did not identify or action the lack of meaningful, interactive engagement with residents through the activity schedule
- Oversight systems did not identify that the activities scheduled were not always carried out. For example, residents did not receive access to board game activities on the day of inspection, in line with the weekly activity schedule, with no alternative type of activity offered during this time other than television.
- Oversight systems did not identify that utilising the corridor beside the atrium as a day space for residents, posed a risk to the effective evacuation of residents in that area.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

A review of five residents' contracts for the provision of services confirmed that residents had in place a signed contract of care which outlined the services to be provided and the fees which were to be charged, including fees for additional services.

Judgment: Compliant

Quality and safety

Overall, residents were well cared for by a team of dedicated staff. Residents had good access to services provided by medical and health and social care professionals. The majority of residents living in the centre had retained the services of their own family general practitioners (GP) who practiced in the locality. GPs

carried out routine on site visits to residents on a monthly basis, or more frequently as required in response to need. Residents were also supported by timely access to other professionals including physiotherapists, occupational therapists, tissue viability nurses, speech and language therapists and dietitians.

Many staff working in the centre were from the locality and knew and understood the residents well, which supported them to engage in meaningful conversations with the residents. However, the inspector found that on the day of inspection, residents social care needs were not adequately met which impacted on the quality of life for some residents, with many residents observed to be sleeping in communal areas throughout the day of inspection. There was a reliance on television as an activity on both floors of the centre. A weekly activity schedule was provided to the inspector. This was found to be limited and did not provide meaningful engagement for residents as some activities included hairdressing, daily mass and family visits, which occupied a significant proportion of the weekly activities offered. Furthermore, on the day of inspection a game of 'snakes and ladders' was scheduled to take place during the morning. The inspector attended the communal areas at this time and there was no evidence of this activity taking place, with residents watching television or sleeping instead. In the afternoon, a small number of residents participated in watching a webinar about advanced care planning, however this did not appeal to or suit the capacity or interests of the majority of residents. This finding is discussed further under Regulation 9: Residents' rights.

The person in charge had ensured that residents' needs were comprehensively assessed on admission to the centre, and again at regular intervals and in response to changes in their condition. Care plans reviewed were written in a manner which was person-centred and were sufficiently detailed to guide the staff team in providing appropriate and good quality care to residents. There was evidence that residents and their families were involved in the care planning process. Relatives that spoke with the inspector described how they were satisfied with the standards of care provided to the residents and with the communication they received about their relatives care.

Efforts were made to maintain an environment for residents which was in so far as possible, free from the use of restraint. Where a resident was assessed as requiring a type of restraint, there was evidence of alternatives being trialled before a decision on a more restrictive means of restraint was reached. A restraint register was maintained and this was reviewed on a regular basis. Residents' records showed that restraints were only in place where a comprehensive risk assessment had been completed and residents or their families if appropriate, had consented to the use of the restraint.

The premises was well-designed and laid out to meet the needs of residents who lived in the centre. The inspector found the centre to be warm, bright and homely. Residents' bedroom accommodation was tastefully decorated and personalised with their own photographs, artwork, ornaments and soft furnishings. All areas of the centre were observed to be visibly clean and free from clutter, including communal spaces, bedrooms, ancillary rooms and staff areas. Equipment for use by residents was also clean and there was a clear system in place to ensure residents' equipment

was cleaned prior to use.

Residents' meetings were held at a minimum of once per quarter in the designated centre. The inspector reviewed a sample of minutes from these meetings and found that the meetings provided an opportunity for residents to participate in the organisation of the centre. Residents also had access to independent advocacy services and information about these services were displayed for residents in prominent locations throughout the centre. Residents were also supported to exercise their civil and political rights whilst living in the centre, with arrangements in place to support residents to vote.

Regulation 17: Premises

The registered provider had ensured that the premises of the designated centre was appropriate to the number and needs of the residents living in the centre and that it was in accordance with the Statement of Purpose prepared under Regulation 3. The premises conformed to all matters set out in Schedule 6 of the regulations.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

The inspector reviewed a sample of 12 care plans. Care plans were found to be person-centred and sufficiently detailed in order to guide staff in providing good quality, safe care. The person in charge had ensured that a comprehensive assessment was carried out for each resident on their admission to the centre. Care plans were prepared within 48 hours of admission and were developed in consultation with residents and their families where required. All care plans had been reviewed in line with the time frame set out in the regulations and reflected the current needs of the residents.

Judgment: Compliant

Regulation 6: Health care

Residents had good access to medical practitioners and other health care professionals, which included on site services and out of hours services where required. Recommendations from medical and health care professionals were incorporated into the residents' care plans.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

All staff had up to date training in managing behaviours that are challenging. Where residents were assessed as requiring restraints, there was evidence of less restrictive measures being trialled prior to making a decision to use more restrictive means of restraint. There was evidence that the use of restraint had been discussed with residents and their families and consent was obtained from the resident or their families where appropriate, for the use of restraints.

Judgment: Compliant

Regulation 9: Residents' rights

On the day of inspection, residents were not provided with adequate and equal opportunities to participate in meaningful social activities that met their interests and capacities. This was evidenced by the following findings;

- While there was a social activity programme in place for residents, not all residents who spoke with the inspector had access to, or knew about the activities available, and on the day of the inspection, the scheduled boardgames were not seen to take place.
- The activity programme in place was limited in meaningful engaging activities, with a reliance on watching television, visits to the hairdresser and family visits.
- Television and radio programmes broadcast to residents were not always aligned to residents' interests. This was evidenced by residents' feedback and the following; Music being played during the meal time experience on the first floor was current modern music.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Borris Lodge Nursing Home

OSV-0000203

Inspection ID: MON-0047899

Date of inspection: 11/09/2025

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: In line with our Policy on the Supervision of Residents, the residents in communal areas/sitting rooms are checked at a minimum of every 15 minutes to ensure their safety, well-being, and engagement. The nurse-on-duty conducts regular walkabouts to verify staff presence and resident supervision. Spot checks will be documented to confirm compliance with the 15-minute supervision requirement. All staff will receive a refresher on the Policy on the Supervision of Residents, reinforcing the importance of active supervision, engagement, and adherence to the 15-minute check requirement, as well as their specific roles in supporting residents with daily activities.	
This issue was highlighted in staff meetings and on the reports to reinforce expectations regarding the proper use of communal spaces and to ensure consistent implementation of the policy across all shifts.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The Person in Charge (PIC) and senior management team have reviewed and	

strengthened the current oversight systems to ensure clear accountability for staff allocation, supervision, and resident engagement throughout the day. Regular walkabouts are now in place to monitor staff deployment and resident supervision.

All staff will receive a refresher on the Policy on the Supervision of Residents, reinforcing the importance of active supervision, engagement, and adherence to the 15-minute check requirement, as well as their specific roles in supporting residents with daily activities.

A weekly activity schedule audit will be introduced monthly for Q4 and then quarterly for 2026 for continued compliance, to ensure that planned activities are carried out as scheduled. If an activity cannot take place, staff must record the reason and document any alternative activity offered to residents to maintain engagement and stimulation.

The Activities Coordinator, under the direction of the PIC/DPIC will ensure that all residents have access to meaningful, interactive, and person-centred activities throughout the day. Regular reviews of the activity programme will be conducted to ensure variety and inclusivity.

Following review, the corridor beside the atrium will no longer be used as a day space. Residents have been redirected to appropriate communal areas such as the main sitting room and activity room following consultation with the residents. This change has been highlighted in staff meetings and reflected in the updated environmental risk assessments to ensure safe evacuation routes are always maintained.

The PIC will submit monthly governance reports to the ROM, outlining staff allocation compliance, supervision audit results, and activity schedule outcomes. Any deviations or issues identified will be discussed and actioned through management and staff meetings

Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: All residents will be informed of the weekly social activity programme through verbal explanation, displayed schedules in communal areas, and individual guidance from staff. Staff will ensure residents understand how to access each activity and offer support where needed.</p> <p>The activity schedule will be updated and diversified to include a wider range of interactive and stimulating activities such as board games, arts and crafts, music sessions aligned to resident preferences, reminiscence therapy, and group exercises.</p> <p>Television and radio programming will be tailored to the preferences of residents, identified through resident feedback. Background music during mealtimes will be selected based on resident enjoyment.</p>	

Staff will actively facilitate meaningful activities throughout the day, ensuring residents are offered alternatives to passive television viewing, including one-to-one engagement, group activities, and outdoor or sensory activities as appropriate.

Staff will receive a refresher on promoting residents' rights to participate in meaningful activities and supporting engagement according to individual preferences. This will reinforce the requirement to actively offer and facilitate participation rather than relying on passive television viewing.

The Person in Charge and senior management will monitor activity engagement daily through observation. Resident feedback will be documented, and adjustments made to ensure activities remain relevant, engaging, and accessible to all residents.

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)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	31/10/2025
Regulation 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	31/10/2025
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	21/10/2025