

Health Information and Quality Authority
Social Services Inspectorate

Inspection report
Designated centres for older people



Centre name:	Mountpleasant Lodge Nursing Home
Centre ID:	701
Centre address:	Kilcock to Clane Road
	Kilcock
	County Kildare
Telephone number:	01 - 6103166
Fax number:	01 - 6287080
Email address:	mountpleasant@firstcare.ie
Type of centre:	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered providers:	Firstcare Ltd
Person in charge:	Niamh Fitzgerald
Date of inspection:	4 August 2011
Time inspection took place:	Start: 09:15 hrs Completion: 17:00 hrs
Lead inspector:	Vicky Blomfield
Support inspector:	N/A
Type of inspection:	<input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced
Purpose of this inspection visit:	<input checked="" 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 type="checkbox"/> Information received in relation to a complaint or concern <input 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 matters arising from a previous inspection to ensure that actions required of the provider have been taken
- following a notification to the Health Information and Quality Authority's Social Services Inspectorate of a change in circumstance for example, 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 wellbeing 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

Mountpleasant Lodge Nursing Home is a purpose-built residential centre with 68 registered places for older people, some of whom have dementia. It has two stories and is built around a large internal courtyard which contains raised flower beds, a water feature and garden furniture. It is set back from the road and a long driveway leads up to the home with electronic gates near the entrance to the building. There is a large green area in front of the building and is surrounded by mature trees and fields. There is ample car parking on the site.

Currently, there are 34 single rooms on each floor, all of which have an en suite wheelchair accessible shower, toilet and wash-hand basin. Three of these rooms have larger assisted showers for more dependent residents. There is also a bath suitable for residents with a physical disability. The provider is applying to increase the number of places by eight by utilising some bedrooms which were initially constructed as staff accommodation. Thus there will be an increase of five bedrooms on the first floor and three on the ground floor. No further building work has been required to provide the additional accommodation.

Since its opening, the centre has been somewhat re-configured. There is a corridor called the Aisling Unit on the ground floor which has 14 rooms and there is a key-pad door access system in place, which is both open and closed at various times during the day. When the new bedrooms come on stream, there will be a reduction of one bedroom in this area and it will consist of 13 rooms. It also has a seated area and two sitting-cum-dining rooms, one of which will also be used for activities.

There are three other sitting/quiet rooms on the ground floor. There are two sitting rooms, two quiet rooms and one dining room on the first floor. One quiet room has a dining area for those residents who do not wish to eat in the main dining room. Other facilities include an activity room and a small oratory on the ground floor and a hair dressing salon and a sensory room on the first floor. There are five toilets on each floor, two assisted shower rooms and an assisted bathroom. There is also a smoking room on each floor with an extraction system for ventilation.

Service areas, such as the kitchen and laundry, are on a separate corridor area and are not accessible to residents. Staff members enter through a side entrance and use an electronic clocking in system. There is ample male and female staff changing rooms and a staff room upstairs.

The foyer is large and very well lit with a reception area and comfortable seating. There is a lift provided between floors. Some of the sitting rooms face out onto the courtyard and have a pleasant view. The garden has now been divided by fencing to create a separate garden for the residents in the Aisling Unit.

Location

The centre is located outside the town of Kilcock, County Kildare.

Date centre was first established:	20 November 2009
Number of residents on the date of inspection:	66
Number of vacancies on the date of inspection:	2

Dependency level of current residents	Max	High	Medium	Low
Number of residents	4	15	20	27

Management structure

The Provider is Firstcare Ltd and Mervyn Smith is its representative. The Director of Operations, Ellis Carol has operational responsibility for six First Care centres. She reports to the Managing Director, Mervyn Smith. The Person in Charge is Niamh Fitzgerald and she reports to the Director of Operations. All nursing staff report to the Person in Charge and care assistants report to the nurse on duty. The Clinical Nurse Manager (CNM) reports to the Person in Charge and deputises in her absence. The Household Manager supervises the laundry and cleaning staff and reports to the Person in Charge. Catering services are contracted to an external company and the chef liaises closely with the Person in Charge. The maintenance service is supplied by an external company and they report directly to the Provider.

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	1 CNM 2	11	External company	5	1	1*

* activity staff member

Background

This was the fourth inspection to be carried out at Mountpleasant Lodge Nursing Home. The provider had made an application to increase the number of places from 68 to 76.

At previous inspections, the centre was found to be largely compliant with the *National Quality Standards for Residential Care Settings for Older People in Ireland* and Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended). Some actions were required following the last inspection in relation to fire training, staffing skill-mix and levels, the organisation of staff resources, obtaining consent for the use of restraint and evacuation procedures.

Summary of findings from this inspection

This inspection took place as part of the process to assess the provider's application to make a variation in the conditions of registration. The provider wished to vary the number of places from 68 to 76. The inspector also reviewed actions taken in response to the inspection of December 2010.

The inspector spoke with the person in charge, the director of operations, residents, staff and relatives. She observed the care practices and daily life in the centre and read a number of documents, including care plans, policies, rosters, floor plans, staff training records, accident and incident forms, risk assessments and looked at templates for pre-admission assessments, social assessments and the staff induction process.

The inspection examined issues pertinent to the proposed expansion in numbers, such as governance, staffing, healthcare systems and the physical environment. The inspector reviewed the quality of life issues to ensure that an expansion in numbers would not impact negatively on existing residents.

Overall, the centre was found to be in compliance with the Regulations. There was a good management structure in place, risk was well managed and residents said that they felt safe. Many residents said that they were happy living in the centre. There were planned activities on offer and residents' healthcare needs were met.

There were some improvements to be made. The use of restraint required more consideration and there were still some staff who had not received mandatory training in key areas. On the day of inspection, two nurses were administering medication to 66 residents which took a considerable period of time. Whilst more independent residents had an interesting day, this aspect of the service could be improved for the more dependent residents, particularly in the morning. These areas for improvement are discussed further in the report and are included in the Action Plan at the end of the report.

Issues covered on inspection

Governance

There was a robust management structure in place. The director of operations was very familiar with the residents and the day-to-day running of the centre. There were two CNM positions, although one post holder was on maternity leave and had not been replaced. Each CNM had responsibility for one of the two floors. The two CNMs deputised for the person in charge in her absence and both these posts will be required in order to manage the increase in resident numbers. The person in charge said that she was given resources as required for items such as equipment and she had every confidence that she would be given additional staffing resources should she need them.

The statement of purpose was clear and met the requirements of the Regulations. It described the services and facilities provided in general, but did not identify the Aisling Unit as a specific care area or refer to the use of key pads on doors.

The provider had obtained up-to-date documentation confirming that the building was in compliance with fire and building legislation.

The complaints procedure was accessible, clearly displayed and there was a complaints policy in place. All residents and relatives said that they would be able to make a complaint should the need arise - some said they would approach the person in charge and others referenced the nursing staff.

Risk was well managed. There was a risk management policy in place and all elements required by Regulations were in place. Accidents and incidents were recorded and actions were taken in response to accidents. The inspector reviewed the figures for falls and found that there had been 44 falls in five months. Three residents had fallen twice in June 2011, and their care was reviewed and changed at the monthly audit review meeting.

One resident's behaviour had challenged staff and other residents and a number of incidents were recorded. This situation had also been reviewed and a referral had been made to the relevant psychiatric team. There was a policy in place and staff had undergone training in managing residents with dementia and behaviour that challenged.

The inspector discussed the Aisling Unit with the person in charge, director of operations and the provider. The person in charge told the inspector that it was not a specialist dementia care unit, this was reflected in the statement of purpose which stated in its 'Profile of Residents' that the needs of people with particularly challenging behaviour could not be met in the centre. The person in charge spoke of the Unit as having a homely atmosphere and talked about the benefits of the smaller area for some residents. She said that there had been some problems with residents wandering and going into other residents' rooms and that the doors were often open in the afternoon. Whilst the inspector agreed that there was a pleasant atmosphere

in the unit, she was concerned that the key pads resulted in doors being locked and some residents were restricted in their movements around the building. One resident said that she wished to leave the unit, but could not do so. The inspector considered that the key pads created an element of environmental restraint to them and noted that there was no record of discussion with residents or their families about living in a restricted area. There was no recorded rationale in any care plans for the decision for any resident to be living in this area.

The person in charge had systems in place for monitoring and improving the quality of care. She carried out a number of audits on a monthly basis, for example, on medication management, care plans, use of antibiotic, psychotropic and antidepressant medication and falls. There were processes in place for consultation with residents, such as a residents' committee, and the inspector viewed its minutes. The activities coordinator was planning to establish a group for the relatives of residents with dementia and there was a notice in the reception area inviting people to join.

There was a comprehensive set of policies in place and staff members were required to read them as part of their induction process.

Healthcare Systems

Residents' healthcare needs were met and residents said that they could maintain their own general practitioners (GPs). Nursing staff knew what to do if there was a drug error and there was a system for this in place. There were detailed nursing assessments in each care plan reviewed by the inspector and risk assessments were carried out for pressure ulcers, risk of falls, weight gain and loss, mobility and the use of bedrails. The inspector viewed the pre-admission assessment template which would support a thorough assessment being carried out with potential residents.

The care plans were reviewed on a three-monthly basis. There was a nurse's signature recording the review but its contents were not documented, although care plans were updated. There was a note signed by residents or relatives that they had been involved in the care planning process.

Medication management was found to be satisfactory on previous inspections and was not reviewed on this occasion.

There were three handover meetings in every 24 hours, at 8.00 am, midday and at 8.00 pm to ensure good continuity of care. The inspector viewed notes of handover meetings.

Proposed Staffing and Management

The inspector viewed the proposed roster for full occupancy at 76 beds and judged it to be adequate. The person in charge proposed that there would be two nurses on duty on each floor in the morning and one nurse in the afternoon and at night again on each floor, thus increasing the nursing staff in the morning by two. The person in charge said that two whole-time equivalent positions would be required for these additional nursing hours and that one nurse had already been recruited. There would be an increase of 12 care staff hours per day on the first floor and six hours on the ground floor. There would be two nurses and four care staff on duty each night.

A small number of staff had not received mandatory training, including manual handling training and prevention of elder abuse training. Four nurses had not done medication management training recently according to the training records.

There was a comprehensive induction process in place and newly appointed staff confirmed that they had taken part in it. Their staffing records reflected this. A bank of staff was available to cover sick leave. The induction took place over six months and covered issues such as personal care, health issues, fire and environmental safety. There was a specific induction for nursing staff, with 14 core competencies.

The person in charge said that one nurse had been recruited already and care staff would be recruited from their bank of staff, and so they would already be known to managers and residents. The inspector noted that 63 staff had been appointed when the centre opened in late 2009 and there had been 26 leavers, 15 of whom had left in the past 10 months. Whilst the inspector did not observe any adverse effect of this rate of turnover, it was an area requiring close monitoring by the person in charge.

Quality of Life

Residents said that they liked the staff and were happy in the centre. One relative commended the staff and the quality of care her mother received. The inspector observed staff interacting pleasantly and respectfully with residents, giving them their full attention. They were knowledgeable about residents - the inspector heard one staff member speaking calmly to a resident who had become agitated, entering into her conversation when she spoke about a family member.

There were a number of different things happening for residents during the day and an activities schedule was in place. The activities coordinator described her role as both supporting staff to carry out activities, drawing up the scheduling, carrying out the assessments for residents and carrying out assessments herself. On the day of inspection, there was a knitting group in progress, a reminiscence session, mass, music and a pet therapy visit. Residents were also reading newspapers and watching television. However, the inspector found that the morning time was very quiet for a number of residents who dozed in chairs or went back to bed. There was little to stimulate them at this time. The inspector checked the use of psychotropic medications and did not find it to be excessive. Activities were structured and there were no opportunities for residents to join in domestic or everyday activities.

The inspector joined the residents for lunch which was a lively, pleasant occasion. Staff were attentive to residents and their meals were served to their specific requirements in terms of choice and portion size. Sauces were served separately and there was a choice of drinks. Residents chatted to each other and staff were on hand to assist them if required. A nurse was present during the meal to provide appropriate supervision.

Residents knew how to make a complaint and said that they felt safe in the centre, that there enough staff and that call bells were answered promptly. They were happy with the laundry service. They liked the food and spoke highly of staff. The daily routine was flexible and had been discussed at the residents' committee. Doors were closed when residents received personal care which was carried out discreetly. Some

residents' photos were on their bedroom doors to provide them with a visual cue. All staff members questioned could describe the different types of abuse and knew what to do should they see or hear something which worried them. All stated that they were not aware of any such incident.

Physical Environment

The inspector viewed the eight bedrooms which had been initially allocated as staff accommodation but were proposed as bedrooms for residents. They met the standards in terms of size, were well decorated and furnished and had en suite shower, toilet and wash-hand basin facilities. All had profiling beds with integrated bedrails.

On the day of inspection the building was clean, warm, well decorated and odour free. A number of staff were carrying out their cleaning duties in a safe and discreet manner. Residents had their own pictures, photographs and possessions in their rooms.

Actions reviewed on inspection:

1. Action required from previous inspection:

Review existing staffing levels and the organisation of work to ensure that at all times the numbers of staff and skill mix of staff are appropriate to the assessed needs of residents and the size and layout of the designated centre.

The inspector still had some concerns about the skill-mix in the centre.

There was one nurse on duty on each floor on the day of inspection and the CNM was carrying out her administrative duties. The inspector observed that the medication round was not completed until 10.30 am and the nurses said that it had commenced at about 8.00 am. The two nurses were administering medication to 66 residents for up to two and a half hours. This meant that there were still only limited opportunities for the nurses to supervise the care staff, residents and carry out other nursing duties. Thus the skill-mix of staff was not satisfactory.

The provider and person in charge had put an additional staff member on duty during the evenings and there was an average of 10 care staff and two nurses on duty during the day. Some staff said that they were very busy and that staffing ratios were better on the first floor, whilst others said that there was enough staff. A dependency assessment was carried out for each resident and the person in charge said that staffing levels were based on the results. On balance, the inspector judged that there were sufficient numbers of staff on duty but this would require ongoing monitoring and review by the person in charge as more residents were admitted and it would be important that the new roster would be implemented as proposed.

2. Action required:

Make adequate arrangements for the evacuation, in the event of fire, of all people in the designated centre and the safe placement of residents.

Provide suitable training for staff in fire prevention.

This action was completed in part.

There was a comprehensive evacuation plan and a location had been identified if residents had to be moved to another building. Fire warden training had taken place. However, records indicated that two care assistants had not had fire training since 2009 and four had not done a fire drill in over a year. This was disappointing as fire training had been identified as a deficit in previous reports.

3. Action required from previous inspection:

Put in place arrangements to provide suitable and sufficient care to maintain the resident's welfare and wellbeing, having regard to the nature and extent of the resident's dependency and needs as set out in their care plan.

This action was complete.

The roster indicated that the team based nursing approach proposed at the registration inspection was now in place. The person in charge said that this was maintained wherever possible and that the staff were allocated to work with residents on each floor each day, although some flexibility was required.

The inspector observed one meal time and found that there were sufficient staff on duty.

4. Action required:

Ensure that a resident's right to refuse treatment shall be respected and documented and the matter brought to the attention of the resident's medical practitioner.

Set out each resident's needs in an individual care plan developed and agreed with the resident.

This action referred to the use of bedrails and the inspector still had concerns about their use. The action was partially complete.

There were 23 residents using bedrails on the day of inspection. The inspector spoke to one resident who was in bed with the rails up - she said that she used them to 'pull myself up'. There was a document in each file regarding consent by residents to the use of bedrails, or discussion with relatives, as well as a separate generic document stating that the risks had been explained to them. There was a risk assessment in place for each resident using bedrails, although at times it indicated that their usage did pose a risk. For example, one resident's plan stated that the bedrails were to be used although she 'climbs over them', but there was no measures documented to mitigate this risk.

However, some deficits remained. There was no assessment in place to guide the decision to use the bedrails. There was no record of any alternatives tried or care plans in place to state how they should be used.

5. Action required:

Ensure there is a policy in place and that it is implemented and monitored relating to the health and safety, including hand hygiene, food safety, of residents, staff and visitors.

This action was complete. There were plenty of gel dispensers throughout the building.

Report compiled by:

Vicky Blomfield

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

8 August 2011

Chronology of previous HIQA inspections	
Date of previous inspection:	Type of inspection:
9 September 2009	<input checked="" type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input type="checkbox"/> Follow-up inspection <input type="checkbox"/> Announced <input type="checkbox"/> Unannounced
21 April 2010	<input type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input checked="" type="checkbox"/> Follow-up inspection <input type="checkbox"/> Announced <input type="checkbox"/> Unannounced
20 December 2010	<input type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input checked="" type="checkbox"/> Follow-up inspection <input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced

Provider's response to inspection report *

Centre:	Mountpleasant Lodge Nursing Home
Centre ID:	0701
Date of inspection:	4 August 2011
Date of response:	2 September 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:

Records indicated that two care assistants had not had fire training since 2009 and four had not done a fire drill in over a year.

Action required:

Provide suitable training for staff in fire prevention.

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>All induction fire training was completed at the time of inspection and all staff will have completed update in fire training by 13 September 2011.</p> <p>Fire Drill is carried out monthly. All staff have attended fire drill.</p>	<p>September 2011</p> <p>Complete</p>

<p>2. The person in charge has failed to comply with a regulatory requirement in the following respect:</p> <p>The use of door pads had an element of environmental restraint to them and there was no record of discussion with residents or their families about living in a restrictive area. There was no recorded rationale in any care plans for the decision for any resident to be living in this area and the area was not referenced in the statement of purpose.</p>
<p>Action required:</p> <p>Set out each resident's needs in an individual care plan developed and agreed with the resident.</p>
<p>Action required:</p> <p>Compile a Statement of purpose that describes the facilities and services which are provided for residents.</p>
<p>Reference:</p> <ul style="list-style-type: none"> Health Act, 2007 Regulation 8: Assessment and Care Plan Regulation 5: Statement of Purpose Standard 3: Consent Standard 10: Assessment Standard 11: The Resident's Care Plan

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>As part of the pre-admission, admission and post-admission process, there is open and comprehensive discussion with the resident and their families. It is through this detailed process the resident and family decide if they wish to reside in Mountpleasant Lodge, and if they do, where in the home they would like their</p>	

<p>bedroom to be located. The personalised care plan for the resident evolves from this process.</p> <p>The pre-admission process involves a full tour of the centre and discussion of the rationale for the location, interior design and fit-out of the Ashling Wing on the ground floor. The latter is a fully integrated part of Mountpleasant. All residents, whose bedrooms are located there, have full access to all the facilities and services available throughout the home. All decisions made by the person in charge and the registered provider regarding environmental matters, are only made after intensive debate and risk analysis, and are only made for the benefit, safety and welfare of the residents, relatives and staff.</p> <p>Pre-admission assessment involves the assessment of potential resident's needs and the impact of any admission on the current resident profile.</p> <p>The choice of room or placement within the home is done in consultation with the resident and family/carer if applicable. The rationale for all residents presently living in the Ashling Unit had been discussed in detail with each family and their agreement was essential to the decision to transfer rooms. Documentation to reflect this is being individually drawn up. All future admissions will record rationale and discussion with the resident and family where applicable.</p> <p>The Statement of Purpose has been amended to describe the facilities in more detail. The Ashling Unit facilities and services are included in this amendment.</p>	<p>September 2011</p> <p>Completed</p>
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<p>3.The person in charge has failed to comply with a regulatory requirement in the following respect:</p> <p>The care plans were reviewed on a three-monthly basis; there was a nurse's signature recording the review but its contents were not documented, although care plans were up dated.</p>
<p>Action required:</p> <p>Revise each resident's care plan, after consultation with him/her.</p>
<p>Action required:</p> <p>Notify each resident of any review of his/her care plan.</p>

Reference: Health Act, 2007 Regulation 8: Assessment and Care Plan Standard 3: Consent Standard 10: Assessment Standard 11: The Resident's Care Plan	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: All care plans are reviewed three monthly and review was reflected in updated care plans as noted. All care plans will be further reviewed to ensure that the review is more clearly documented. Residents and/or family are encouraged to take part in their review. This is documented by signature in the Care Plan.	October 2011 Completed

4. The person in charge has failed to comply with a regulatory requirement in the following respect: A small number of staff had not received mandatory training, including manual handling training and prevention of elder abuse training. Four nurses had not done medication management training recently, according to the training records.	
Action required: Make all necessary arrangements, by training staff or by other measures, aimed at preventing residents being harmed or suffering abuse or being placed at risk of harm or abuse.	
Action required: Provide staff members with access to education and training to enable them to provide care in accordance with contemporary evidence based practice.	
Reference: Health Act, 2007 Regulation 17: Training and Staff Development Regulation 6: General Welfare and Protection Standard 24: Training and Supervision Standard 8: Protection	
Please state the actions you have taken or are planning to take with timescales:	Timescale:

<p>Provider's response:</p> <p>All mandatory training has been running on an ongoing basis priority had been placed on those who had no prior training.</p> <p>Fire Training completed 13 September 2011</p> <p>Elder Abuse</p> <p>Manual Handling</p> <p>Medication Management - All nursing staff have completed Medication Management training at the time of inspection. It is policy to request that nurse complete An Bord Altranais e-learning programme. The education programme is completed online at a pace suiting the individual nurse. The medication training records referred to are e-learning records.</p>	<p>13/09/2011</p> <p>End October 2011</p> <p>End October 2011</p> <p>Ongoing</p>
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5. The person in charge has failed to comply with a regulatory requirement in the following respect:

The morning time was very quiet for a number of residents who dozed in chairs or went back to bed. There was little to stimulate them at this time.

Action required:

Provide opportunities for each resident to participate in activities appropriate to his/her interests and capacities.

Reference:

- Health Act, 2007
- Regulation 6: General Welfare and Protection
- Standard 13: Healthcare
- Standard 18: Routines and Expectations

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

Timescale:

Provider's response:

Mountpleasant Lodge provides a comprehensive menu of activities for all residents. The home employs a full-time Activities coordinator who supports the staff in their day-to-day communications, interactions and activities with each individual resident.

<p>As part of the admission process we create a life biography of the resident which is part of the care plan and which the staff review and add to, throughout the residents' time residing in Mountpleasant Lodge.</p> <p>As the inspector highlights, on the morning and afternoon of the day of the inspection, the staff and residents were involved in a knitting group, mass, music and exercise sessions, pet therapy etc. In addition, we found out exactly what newspapers, magazines and books and television programmes that each resident prefers and we pro-actively ensure that they can relax and enjoy them when they choose throughout the day.</p> <p>The area of activities is constantly under reviewed throughout the home to ensure that our range of activities reflect the interests of the residents. As documented in the report the structured activities are scheduled throughout the day.</p> <p>Focus is placed on activities surrounding the daily routines of the residents taking into account their abilities and most importantly their wishes. This review is ongoing and the daily findings/activities vary from day-to-day depending on the residents themselves. Where possible residents are encouraged to become involved in the daily routine of the centre.</p>	Ongoing
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<p>6. The person in charge has failed to comply with a regulatory requirement in the following respect:</p> <p>The skill-mix was not satisfactory and two nurses were administering medication to 66 residents. This meant that there were still only limited opportunities for the nurses to supervise the care staff, residents and carry out other nursing duties.</p>	
<p>Action required:</p> <p>Ensure that the numbers and skill-mix of staff are appropriate to the assessed needs of residents, and the size and layout of the designated centre.</p>	
<p>Reference:</p> <p style="padding-left: 40px;">Health Act, 2007 Regulation 16: Staffing Standard 23: Staffing Levels and Qualifications</p>	
<p>Please state the actions you have taken or are planning to take with timescales:</p>	<p>Timescale:</p>

<p>Provider's response:</p> <p>Mountpleasant Lodge employs a home manager, deputy home manager, clinical nurse manager and nurses and carers. The inspector judged that there were sufficient numbers of staff on duty and acknowledged that additional nurses and carers were being employed as part of the proposed increase of 8 bedrooms.</p> <p>Recruitment is underway and when completed the nursing hours will increase by 6 hours per day on each floor</p> <p>It is the policy of the management team at the centre to be continually assessing the skill-mix and numbers of staff to be sure that they are always appropriate to the assessed needs of the residents, and the size and layout of the home.</p>	<p>Mid September 2011</p> <p>Ongoing</p>
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<p>7. The person in charge has failed to comply with a regulatory requirement in the following respect:</p> <p>There was no assessment in place to guide the decision to use the bedrails. There was no record of any alternatives tried or care plans in place to state how they should be used.</p> <p>There was no plan in place to mitigate any identified risks associated with the use of bedrails.</p>	
<p>Action required:</p> <p>Set out each resident's needs in an individual care plan developed and agreed with the resident.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 8: Assessment and Care Plan Standard 10: Assessment Standard 11: The Resident's Care Plan</p>	
<p>Please state the actions you have taken or are planning to take with timescales:</p>	<p>Timescale:</p>
<p>Provider's response:</p> <p>The risk assessment tool will be expanded to ensure that the care plans reflect the rationale for the use of bed rails, the risks identified and the alternatives trailed prior to the decision to use bedrails.</p>	<p>End September 2011</p>

Any comments the provider may wish to make:

Provider's response:

The providers would like to thank the inspector for the professionalism and courteous manner that they showed to everyone at Mountpleasant Lodge during the inspection.

We were very pleased with the outcome of the inspection and the fact that it was felt that since the previous positive inspection we had further improved the facilities and services for the benefit of our residents, relatives and staff. We are always on a path of continuous improvement and this inspection and report will assist us to improve our offering even more.

The new registration and inspection process has been very informative and it has enabled us to take time out to analyse our care practice and services and to ensure that we are fully compliant with the Act and Standards. It has also prompted us to look at ways in which we can improve our service to enhance the quality of life for all our residents. We realise that we must always be on a path of continuous improvement.

Finally, we would like to thank all our colleagues working in Mountpleasant Lodge Nursing Home and all those who contributed to the inspection. We would like to thank all the residents and their families and friends who pro-actively participated in this process.

Provider's name: Mervyn Smith

Date: 2 September 2011