Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Report of an inspection of a Designated Centre for Older People.

Issued by the Chief Inspector

Name of designated centre:	Firstcare Mountpleasant Lodge
Name of provider:	Firstcare Mountpleasant Lodge Limited
Address of centre:	Clane Road, Portgloriam, Kilcock, Kildare
Type of inspection:	Unannounced
Date of inspection:	19 May 2026
Centre ID:	OSV-0000701
Fieldwork ID:	MON-0050597

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Mountpleasant Lodge is a purpose-built nursing home. It is a two-storey centre, built around a courtyard garden. All bedrooms are single with an en-suite and the centre has quiet sitting rooms and family rooms available. Mountpleasant Lodge can accommodate 81 residents, both male and female. General nursing care and care for people with dementia and some psychiatric conditions are provided. Respite and short-term convalescence care are also provided following assessment for persons over 18 years of age. Visitors are encouraged throughout the day, with the exception of mealtimes. Religious services and a range of recreational activities are provided in the centre and specialist health professionals are available if required.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	73

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 19 May 2026	09:00hrs to 17:00hrs	Frank Barrett	Lead

What residents told us and what inspectors observed

This was an unannounced inspection focused on fire safety arrangements and the premises at Firstcare Mountpleasant Lodge. It is acknowledged that significant fire safety concerns identified during the previous inspection led to a comprehensive review of fire safety arrangements, along with ongoing engagement between the registered provider, local building control, and the office of the Chief Inspector.

During the course of the inspection, the inspector spoke with four residents, as well as a number of staff and visitors. Feedback received was very positive, with residents and visitors expressing appreciation for the quality of care, the facilities, and the commitment of staff. One resident, for example, spoke warmly about their interest in sport and the support they receive from staff to attend outings. Mealtimes appeared to be well-organised, with food attractively presented and the dining area thoughtfully prepared in advance. Staff were observed providing assistance to residents on several occasions, and these interactions were carried out in a respectful and person-centred manner.

Firstcare Mountpleasant Lodge is a large premises arranged over two floors and was home to 73 residents on the day of inspection, with capacity for 81. The centre benefits from a spacious internal courtyard; however, some improvements would enhance its accessibility and usability for residents and visitors, particularly those with mobility needs. Uneven pathways and certain obstacles were noted which may present challenges in this regard. Internally, the premises appeared clean and well-maintained. Externally, some areas of paintwork on approach to the building would benefit from attention to improve overall presentation.

All resident bedrooms were single occupancy with en-suite facilities. While the layout of the centre generally supports a household model, with two households per floor separated by cross-corridor fire doors, one bedroom was noted to open directly onto the reception area. Although the resident expressed a preference to keep their door open, this arrangement may impact their privacy due to a direct line of sight from communal areas to their personal space. Further consideration was required in respect of this arrangement to ensure the resident's dignity and preferences are both supported appropriately.

The inspector also noted a number of fire safety improvements that have been completed. This included the installation of new fire compartment doors across escape corridors. On review, it was observed that while these doors are appropriately fitted with hold-open devices that release when the fire alarm is activated, they do not include vision panels when closed as further discussed in the report.

Staff who spoke with the inspector demonstrated a strong understanding of their roles, particularly in relation to fire safety procedures and prevention measures. This

knowledge was reinforced by the availability of clear and accessible fire safety information for residents and visitors, displayed throughout the centre alongside other important information such as complaints procedures, advocacy supports, and activity schedules. Senior staff also demonstrated awareness of risk mitigation measures currently in place, including the decision to leave five bedrooms out of use due to fire safety design considerations in one area of the building.

The following sections of this report outline the inspection findings in relation to governance and management, and how these arrangements support the quality and safety of the service provided. The findings presented relate specifically to fire safety and the premises and are detailed under the relevant regulatory headings.

Capacity and capability

The registered provider of Firstcare Mountpleasant Lodge Nursing Home is Firstcare Mountpleasant Lodge Limited, which is part of the Emeis group of nursing homes. There was a person in charge at the centre who had responsibility for its day-to-day running. The person in charge was supported by a team of nurse managers, nurses, care assistants, household catering, activity, administrative and maintenance staff. The larger nursing home group provided high level support to the centre with a regional manager on site at least one day per week. Further clerical and administrative assistance as well as management and oversight is provided by the group.

From a fire safety and maintenance perspective, the centre employed maintenance staff to manage ongoing minor works and general upkeep. For specialist fire safety upgrades and remediation works, the group employed external consultants and fire safety specialists with expertise in those areas.

On a previous inspection, significant fire safety concerns were noted, which resulted in a review of the fire safety design of the building. On reviewing that design, it became evident that some parts of the the building were not operated in line with their fire safety design, and were not fully reflective of the fire safety certification by the local fire authority. The provider took the step of addressing this directly with the fire authority and engaged with the regulator to put in place mitigating measures to reduce the risk to the residents living at the centre. This inspection reviewed these arrangements and the status of the remedial works.

One section of the building had not been specifically designed for use as a residential nursing home, and incorporated means of escape which were not adequate for the residents living there. The provider took action on this and vacated the rooms in that section of the building entirely. Five of the bedrooms were on the first floor, and were accessed via a corridor from the main building directly serving these rooms with an escape stairs inside the area. On this inspection, these rooms were kept empty, and much of the furnishings removed. The doors accessing this

area were closed with a sign stating that this area was not in use. The provider had taken this step in the interest of resident safety, and residents who previously occupied these rooms, were relocated to alternative rooms within the main building.

Other concerns that arose following the previous report included issues with compartmentation of the building, including corridor compartmentation and bedroom doors, attic compartmentation and alterations which had been made without approved fire certification. This inspection found that the provider had acted on all of the issues and had engaged with the fire authority to facilitate site visits and implemented the recommendations following those visits.

While further work was still required to fully comply with fire safety requirements, the action taken by the provider had ensured that residents at risk were removed from the area of risk, and the remaining resident areas were upgraded to mitigate fire risk. However, further action and oversight was still required in order to ensure that adequate fire safety management was implemented to ensure that the fire certification for the building was completed which reflects the layout.

Documentation reviewed on the day of inspection included fire safety registers, service records, meeting minutes and correspondence from the local fire authority. From the information reviewed, the provider had lodged an application for a revised fire certificate following completion of fire safety upgrade works, and at the time of inspection, the authority were in the process of considering this application which included a request for further detail on some of that submitted information. In the interim, audit schedules of fire safety systems, fire drills, and staff training had been enhanced to increase the response in the event of a fire at the centre. Fire safety management is discussed under Regulation 23: Governance and management.

Regulation 23: Governance and management

Further resources and oversight were required of the registered provider to ensure fire safety management and the overall maintenance of the centre to ensure that the service provided is safe, appropriate, consistent and effectively monitored during ongoing fire safety upgrade works:

- The fire certification of the centre was being revised at the time of this inspection. Further oversight and continuing work was required to ensure this process was managed appropriately and within agreed timelines. This included the enhanced mitigation measures implemented at the centre during the upgrade works, and oversight of the works being carried out. A finalised timeline of completion of the fire certification was required.
- Further oversight of storage practice was required in order to ensure that storage arrangements were not adversely affecting fire safety in the building.

Judgment: Substantially compliant

Quality and safety

Overall, this inspection found that the residents were provided with a premises which met their needs, and that fire safety arrangements at the centre, had been enhanced significantly since the previous inspections. Further work was required in order to progress the fire certification of the building, and to review some of the remedial works completed.

While the footprint of the building which is home to the residents of Firstcare Mountpleasant Lodge is large, in general, it was found to be in a good state of repair and maintenance. Maintenance staff were responsive to issues noted by nursing staff at the centre, and there was a system in place to identify the issues and take remedial action. However, there was a room on the first floor which was designated as an electrical panel room which also housed the maintenance equipment. This included tools, materials, paints etc which were of significant fire risk. Action was taken on the day of inspection to remove the flammable items from this room.

The building is set out in a square pattern, with an internal courtyard. This space was bright and open with pathways and various planting within. However, on the day of inspection, the footpaths were not sufficiently maintained considering the residents that may use them. There was no evidence that the courtyard was in regular use on the day of this inspection.

Works undertaken by the provider to put in place fire safety systems in line with the fire certification included the fitting of free swing door closers (devices linked to the fire alarm which improve the usability of the door while providing a closing mechanism in the event of a fire). Fire compartment doors were installed on compartment lines on corridors. These would also close in the event of a fire and provide a place of relative safety beyond which a fire would be contained for a period. However, the doors were not fitted with viewing panels which are required on corridor doors, as they provide a way of checking the area beyond the fire door without opening it. They also provide practical elements of safety in an emergency, as an evacuee can clearly see other residents, staff or visitors evacuating in a particular direction. The lack of these viewing panels would also contravene the fire safety design of the building as they would be a departure from the design of the other compartment doors.

The residents who wished to smoke were provided with a smoking room, equipped with fire extinguisher, extraction system, non-flammable furniture and a call-bell. However, due to the size of the centre, residents also used an area outside an exit door for smoking. There were no facilities other than an ash tray and chair at this location which did not ensure all appropriate actions to protect the residents from the risk of fire associated with smoking were in place in this area.

Storage practice was impacting on fire safety including electrical panel rooms used for storage of flammable items and one used for activities equipment.

The centre was equipped with a serviced fire detection and alarm system to category L1 status (providing full coverage throughout the designated centre). However, there were some areas where it was noted that there was no detection. A review of fire containment measures was also required as some fire doors had gaps around the edges and smoke seals which may not be effective in the case of a fire.

Fire safety is discussed in further detail under Regulation 28: Fire Precautions.

Regulation 17: Premises

Not all aspects of the premises conformed to the matters set out in Schedule 6 of the regulations. For example the centre was not well-maintained in all areas internally and externally:

- The internal courtyard required maintenance attention to ensure that the paving and the edging as well as the wider space is suitable for use by the residents of the centre that may use mobility equipment.
- External walls were water-damaged in places which lowered the standard of the appearance of the building. The paintwork required attention and cleaning.
- In addition, while overall there were adequate private accommodation for residents, a room on the ground floor did not provide appropriate levels of privacy for the resident who lived there and wished to keep their door open. This room was in view of the lounge and foyer corridor area.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Significant works had been undertaken at this centre in the months prior to this inspection which enhanced fire safety standards from previous inspections.

Further works were required to take adequate precautions against the risk of fire and to provide suitable fire fighting equipment for example:

- The storage practice was impacting on fire safety. A maintenance room which was also an electrical distribution room, had solvents and other flammable items stored within. The provider removed these on the day of inspection, however, some of the tools and equipment were not moved. A further electrical panel room was used to store activities equipment.

- Arrangements to accommodate residents that wished to smoke required review, as one area was used which did not have appropriate fire fighting or alarm call facilities.

Further attention was required of the registered provider to provide adequate means of escape for example:

- New cross-corridor doors fitted on compartment lines did not have vision panels fitted. This could impact on the effectiveness of an evacuation in the event of a fire and is contrary to the fire safety design of the centre.
- There was no zone map available as required at the fire alarm panel. The map in place did not include the ground floor area.

Some gaps were identified in respect of the detection and containment of fires, as follows:

- A number of issues were noted with fire doors around various areas of the centre. These included gaps around the perimeter of the doors, smoke seals which were painted over and doors which did not close fully when released from their holders.
- Fire detection was not available in all areas, including, for example, within a service riser and a room within the clinical room used to store clinical waste bins.

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 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant

Compliance Plan for Firstcare Mountpleasant Lodge OSV-0000701

Inspection ID: MON-0050597

Date of inspection: 19/05/2026

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 23: Governance and management	Substantially Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:

Application for the revised fire certificate has been lodged with local fire authority. We are actively engaging to respond to requests for additional information and estimate the process to be completed no later than 31st October 2026.

From 1st July 2026, monthly audits of storage areas and fire-safety systems will be conducted and documented and reviewed at governance meetings to ensure appropriate storage of items in the home and to reduce risk of fire.

From 1st July 2026, simulated fire drills will be conducted at a minimum monthly and will include the largest compartment with areas for improvement and staff training updated and documented.

Storage practices in the home have been reviewed - flammable items have been removed from the electrical room- complete

Maintenance storeroom previously located internally on first floor has been relocated to external secured shed area- complete

Activities storeroom was relocated to a non-electrical room- complete

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
The following actions have been taken and will continue until full compliance is achieved: Internal courtyard maintenance works have commenced, including power-washing and sealing of paving joints to address uneven surfaces and improve accessibility for residents using mobility aids. This will be fully completed by 31 August 2026.

External painting has been scheduled for July 2026, with colour selection completed in consultation with the painting contractor. This will address water-damaged areas and improve the overall presentation of the building. This will be completed by 30 September 2026.

A review of privacy arrangements for the ground-floor bedroom has been concluded which included consultation with the resident and appropriate measures (layout adjustments or option to relocate if preferred) to ensure dignity while respecting personal choice- complete

From 1st May 2026, ongoing monitoring of premises maintenance will continue through monthly governance walk-arounds and documented maintenance reviews to ensure the environment remains safe, accessible, and well-maintained.

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
Flammable items have been removed from the electrical room and maintenance and activities equipment relocated from the electrical panel room- complete

Following consultation with residents, the internal smoking room on the first floor will be removed, and a designated external smoking area will be established in the secure courtyard. This will include installation of a fire extinguisher, call bell, approved smoking-disposal units, appropriate lighting, shelter, and supervision arrangements. A full risk assessment has been completed, and an application to vary the conditions of registration will be submitted. The external smoking area will be fully operational by 31 September 2026

Contractor will install 1hr fire glass panels to existing fire doors by 31st October 2026.

Zone map is on display at the alarm panel and includes the ground floor- complete

A full fire-door audit has been completed, and identified remedial adjustments will be completed by 31 August 2026.

Intumescent strips and smoke seals that were painted over have been identified and will be replaced to restore fire-containment integrity by 31 July 2026

Additional detection has been installed as of 15th June 2026 outside room 258.
Remaining detection and an updated L1 certificate will be in place by 15th August 2026.

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 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/09/2026
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	31/10/2026
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment,	Substantially Compliant	Yellow	31/10/2026

	suitable building services, and suitable bedding and furnishings.			
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	31/10/2026
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	31/10/2026