



# 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:	23 March 2023
Centre ID:	OSV-0000701
Fieldwork ID:	MON-0039629

## 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 over 55 years of age. 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:	77
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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 23 March 2023	08:30hrs to 17:00hrs	Sinead Lynch	Lead

## What residents told us and what inspectors observed

The overall feedback from residents living in the centre was very positive. The residents spoken with told the inspector that 'it was a lovely place to live' and that 'the staff are lovely'. The inspector observed kind and caring interactions between staff and residents.

Following the introductory meeting with the person in charge the inspector did a walk-around the centre. The person in charge was well-known to the residents. Residents were observed to call the person in charge by their name and there was a familiarity between the residents and the person in charge.

The centre was spacious and clean with ample natural light throughout the centre. There was an internal secure courtyard that was neatly maintained with benches and numerous seating areas for residents and their visitors. There were many exits doors from each side of the building so residents had access from all areas. There was a prayer room on the first floor which was looking out over the court yard. Residents could sit here enjoying the beautiful views over the court yard through large floor to ceiling windows. There were arrangements of flowers on display. There was ample seating here for residents and their relatives.

Residents had their own kitchenette, where residents did home baking and other activities. There was a notice board on the ground floor that showed the many activities available for residents in the centre. Through-out the centre, all residents spoken with were knowledgeable about the activities and told the inspector about their favourite ones to attend. There was also an advocacy board. This was in place to inform residents and relatives about the services available to them. The agenda for the next planned residents meeting had a visit from an external advocacy service.

On the first floor there was a dining room which had recently been painted and an on-going plan of works was in place to make this a relaxing place for residents to enjoy their meals.

There was a dedicated housekeeping team in place. Residents reported that their rooms were cleaned daily and the place was 'always spotless'. Residents' bedrooms were decorated with their own personal items such as pictures and photographs on display. There was a robust laundry system in place and residents reported that they were happy with the service. However, the centre did not have a sufficient number of clinical hand wash sinks, and this required review.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

## Capacity and capability

Overall, this was a well-governed centre with effective management systems to monitor the quality of care to residents. There was a clearly defined management structure in place with identified lines of authority and accountability.

The registered provider is Firstcare Mountpleasant Lodge Limited. The management team consists of a Regional Director, Assistant Regional Manager and a Director of Nursing (Person in Charge). The designated centre is part of Orpea Care Ireland and as a result, other management supports were available such as; Human Resources and Quality personnel. The person in charge was supported in their role by an assistant director of nursing and two clinical nurse managers. Other staff resources included staff nurses, healthcare assistants, housekeeping, maintenance, administration and catering staff. The person in charge had commenced the role in 2022. They were aware of the role and the responsibilities of a person in charge. They had implemented many quality improvement plans in the centre since they commenced which was evident from the positive feedback received from residents and relatives.

A continuous and complete monitoring system was in place to ensure the delivery of a high quality service. There was evidence of a comprehensive and ongoing schedule of audits in the centre, for example; documentation and infection prevention and control. Audits were objective and identified improvements. Records of management and local staff meetings showed evidence of actions required from audits mostly completed. Regular management and staff meeting agenda items included corrective measures from audits.

The inspector was not assured that the systems in place with regards to medication were robust. The registered provider had an electronic system in place for the prescribing of medication for residents. The drug kardex did not have a medical practitioner's signature in place but a coding system was used for the medical practitioner. The person in charge informed the inspector that this system was currently being reviewed within the group and they expected a new system to be implemented in 2023.

An annual review was available and reported the standard of services delivered throughout 2022 and included a quality improvement plan for 2023. It included feedback from residents and relatives.

There was a directory of residents available in the centre. This included all the required information such as residents' general practitioner and their next of kin contact details.

Each resident had a contract for the provision of services. These contracts detailed the services to be provided to the residents, the fees to be paid and any other service of which the resident may choose to avail of which is not included in the

Nursing home support scheme.

The registered provider had prepared in writing policies and procedures as required for a designated centre. However, these policies required review as they had not all been reviewed within the last three years.

#### Regulation 14: Persons in charge

The person in charge of the centre is a registered nurse and has the required experience for the role.

Judgment: Compliant

#### Regulation 19: Directory of residents

A Directory of Residents was established and maintained in the designated centre. A sample of residents' names were randomly chosen by the inspector and all included the information specified in paragraph 3 of Schedule 3 in the Care and Welfare of Residents in Designated Centres 2013.

Judgment: Compliant

#### Regulation 23: Governance and management

There was a clearly defined management structure in place that identifies the lines of authority and accountability, specific roles, and details responsibilities for all areas of care provision.

There were management systems in place to monitor the effectiveness and suitability of the care being delivered to residents. However, the registered provider was required to review the process in place in relation to medication management and the prescribing of medication by a medical practitioner to ensure the process is safe and appropriate.

Judgment: Substantially compliant

#### Regulation 24: Contract for the provision of services

A sample of contracts of care were reviewed. Each were signed by the resident or their next-of-kin. The fees charged to the resident were clear. The room occupied by the resident and how many other occupants, if any, were reflected in those contracts reviewed.

Judgment: Compliant

#### Regulation 4: Written policies and procedures

The registered provider had prepared in writing the policies and procedures as set out in Schedule 5 of the regulations. However, these policies required review, for example;

- Responding to emergencies policy had an emergency contact number documented which was no longer in service.
- Risk management policy had not been reviewed in over three years.
- Fire safety management policy was due to be reviewed in May 2021, which had not been completed.

Judgment: Substantially compliant

#### Quality and safety

Overall, this was a good service that delivered high quality care to the residents. The inspector found that the premises provided a safe and comfortable environment for residents.

There had been a programme of works carried out in the centre since the previous inspection which was still on-going. Communal areas had been freshly painted and new shelving was in place in store rooms. The designated centre was in a good state of repair and found to be clean and suitably decorated. However, some improvements were required under Regulation 27; Infection prevention and control. The hand wash sinks in use did not meet the requirements. The registered provider showed the inspector documents that detailed the required clinical hand wash sinks were ordered but delayed due to lack of supply. The infection prevention and control policy required review. It detailed out of date guidance in relation to the use of face masks.

Further improvements were required in relation to Regulation 25; Temporary absence or discharge of residents. Although a transfer document was completed for residents transferring to the acute hospital it did not detail the infection status of each resident. This may put the receiving facility at risk of cross-infection.



There were appropriate arrangements in place to safeguard residents from abuse. A safeguarding policy was in place which guided staff on how to take the appropriate actions should they have a concern. All staff spoken with were aware of what to do should they witness or suspect an incident of abuse. Staff had all completed training in safeguarding vulnerable adults. They were very much aware of their role in safeguarding the residents.

There were activities scheduled for the residents and the planned schedule was displayed around the centre. In the afternoon a number of residents were attending live music in the day room with the activities coordinator and appeared to be enjoying themselves. There was an array of activities available in the centre to meet the requests of the residents.

The minutes of the residents' meetings and the residents who spoke with the inspector identified that they were consulted in the running of the service. An independent advocacy group was available to residents and information posted on the notice board with contact details for this service. The nominated person from the independent advocacy team was due to attend the next residents' meeting to give the residents an opportunity to familiarise themselves with them. There was a voting register maintained in the centre. This would give the residents opportunity to vote in the centre or go to their local area to vote in any upcoming elections.

### Regulation 17: Premises

The registered provider had ensured that the premises of the designated centre are appropriate to the number and needs of the residents of the centre and in accordance with the statement of purpose.

Judgment: Compliant

### Regulation 25: Temporary absence or discharge of residents

All residents that were transferred from the designated centre had a transfer document in place. However, this document was not comprehensive and did not include the infection status of the transferring resident.

Judgment: Substantially compliant

### Regulation 27: Infection control

There were insufficient number of clinical hand wash sinks in the centre. The hand

wash sink in use did not comply with the recommended standards and specifications. However, the inspector was satisfied that these were on order.

Judgment: Compliant

Regulation 8: Protection

Measures were in place to protect residents from abuse including an up-to-date safeguarding policy. The centre was a pension-agent for three residents. There were clear and transparent systems in place to safeguard the residents finances.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider had ensured that residents' rights were upheld at all times. Residents had appropriate access to an independent advocacy service.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Compliant
Regulation 25: Temporary absence or discharge of residents	Substantially compliant
Regulation 27: Infection control	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Firstcare Mountpleasant Lodge OSV-0000701

Inspection ID: MON-0039629

Date of inspection: 23/03/2023

## 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
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The medication management system has now been upgraded to ensure compliance with GP authorisation including the medical council number. This was completed on the 21/04/2023.</p>	
Regulation 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <p>A new regime to review/update policies has been introduced to ensure there are no gaps in the timeframes for reviews; this will be audited on a 6-monthly basis. Policies outlined during the inspection are in the process of being updated. These updates will be completed by the 30/04/2023.</p>	
Regulation 25: Temporary absence or discharge of residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 25: Temporary</p>	

absence or discharge of residents:

Training has now been completed with all nurses to ensure that all information is documented in the discharge/transfer letter including infection status. This has been audited and good compliance is in place. We will continue to audit monthly. This was completed by the 30/03/2024.

## 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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 23(c)	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	21/04/2023
Regulation 25(1)	When a resident is temporarily absent from a designated centre for treatment at another designated centre, hospital or elsewhere, the person in charge of the designated centre from which the resident is temporarily absent shall ensure that all relevant information about the resident is provided to the receiving designated centre,	Substantially Compliant	Yellow	30/03/2023

	hospital or place.			
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	30/04/2023