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:	01 December 2025
Centre ID:	OSV-0000701
Fieldwork ID:	MON-0041840

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:	75

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
Monday 1 December 2025	08:00hrs to 16:30hrs	Maureen Kennedy	Lead

What residents told us and what inspectors observed

On the day of inspection, the inspector spoke with many residents to gain insight into their experience of living in Firstcare Mountpleasant Lodge Nursing Home. All residents spoken with were complimentary in their feedback and expressed satisfaction about the standard of care provided. One resident reported that 'this was a lovely place to live' and you 'get help when you want it'. Another resident told the inspector that you 'couldn't meet nicer people'. The inspector also spoke with family members who were visiting on the day, who said that 'everyone was very well looked after', and that the staff were 'very helpful'. There was 75 residents living in the centre on the day of this unannounced inspection.

The inspector noted that following the last inspection, the registered provider had taken some but not all of the required actions to address fire safety concerns at the centre.

The environment was very clean and tidy on inspection day. The inspector observed good practices in relation to standard precautions. For example, waste and laundry linen were managed in a way to prevent the spread of infection. Linen was appropriately segregated at point of care. Staff were observed to have good hand hygiene practices. The inspector observed that equipment used by residents was in good working order and reusable equipment was cleaned and stored appropriately.

Throughout the day of the inspection there was a busy atmosphere in the centre. Some residents were observed sleeping or sitting in their rooms, while other residents were observed mobilizing around the centre. Communal areas were seen to be well-used by residents and staff were observed busily attending to residents' requests for assistance in a timely manner. The inspector observed that many residents' bedrooms had pictures, photographs and other personal items which gave their rooms a homely atmosphere.

The inspector observed the lunch time meal experience to be a relaxed and social occasion for residents. The dining rooms was nicely decorated, there was soft music in the background and a calm unhurried atmosphere as residents dined. There was a menu available on the tables with choice of courses. Condiments and a choice of gravy or sauce were on the tables within easy reach, along with adaptive cutlery and plate sides used as required to enable residents to maintain their independence. A variety of drinks were offered with lunch. The food served on the day of inspection was seen to be wholesome and nutritious. The inspector observed staff offering encouragement and assistance to residents and staff spoken with were knowledgeable regarding residents' dietary requirements. Adequate numbers of staff were available and were observed offering encouragement and assistance to residents.

Residents had access to television, radio, newspapers, and books. A seven day activities schedule was on display which included dog therapy, exercises and live music on Saturdays and Sundays. There was an information notice board for residents and visitors on display. This was to inform residents of the services available to them whilst being a resident in the centre such as how to make a complaint, advocacy and other support services with their contact details displayed. Residents' rights were upheld in the centre and all interactions observed during the day of inspection were person-centred and courteous. Residents were supported to enjoy a good quality life in the centre.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impact on the quality and safety of the service being delivered.

Capacity and capability

Overall, the inspector found that residents in the centre benefited from a well-run centre with good leadership and good governance and management arrangements in place to oversee the care and service provided to the residents. It was evident that the centre's management and staff focused on providing quality service to residents and promoting their well-being.

The registered provider of Firstcare Mountpleasant Lodge Nursing Home is Firstcare Mountpleasant Lodge Limited, part of the Emeis group. The person in charge has responsibility for the day-to-day operations of the centre and is supported by the registered provider representative, two assistant directors of nursing, two clinical nurse managers, a team of nurses and healthcare support staff. A regional director provides support at the governance level. There was a schedule of regular team meetings in place including corporate and clinical governance, management and staff meetings. Minutes of these meetings were provided to the inspector.

The inspector followed up on the compliance plan of the previous inspection dated 16 July 2025 regarding Regulation 23: Governance and management and acknowledges that improvements had been made. The sample size for care plan audits had been increased and access to the electronic care record system was incorporated into the agency staff induction checklist. However, further improvements were required to ensure full compliance with Regulation 5: Individual assessment and care planning and will be discussed further in the report. In addition, the inspector found that significant findings of concern identified on July inspection in respect of Regulation 28: Fire precautions were being actively followed up by the registered provider with mitigations in place until they were fully addressed.

Documents were available for review including, written policies and procedures, directory of residents, contracts of care and residents' guide and were compliant with the legislative requirements.

There was a named residents' ambassador in the centre and the residents' council met quarterly. Residents' opinions and their views were taken into account in the preparation of the annual review 2024, which was reviewed by the inspector and met with regulatory requirements.

Regulation 19: Directory of residents

The registered provider had established a directory of residents which met the regulatory requirements.

Judgment: Compliant

Regulation 23: Governance and management

Notwithstanding the systems in place for the oversight and monitoring of care and services provided for residents, the inspector found that further action was required to ensure they were consistently effective in all areas as follows:

- Despite the increased sample size of care plan audits, there was a repeated finding of care plans not consistently being implemented in practice as outlined under Regulation 5: Individual assessment and care planning. Renewed focus was required to ensure that the required interventions prescribed in the care plans were consistently provided to the residents.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

The inspector reviewed a sample of contracts of care between the resident and the registered provider and saw that they clearly set out the terms and conditions of the resident's residency in the centre and any additional fees. The contract also clearly stated the bedroom to be occupied.

Judgment: Compliant

Regulation 4: Written policies and procedures

Policies and procedures as set out in Schedule 5 of the regulations, were available for inspection. All were updated within the time frame as set out by the regulations.

Judgment: Compliant

Quality and safety

The inspector was assured that residents were supported and encouraged to have a good quality of life in the centre and that their healthcare needs were well met.

Overall, the premises was designed and laid out to meet the needs of the residents, with surfaces, finishes and furnishings that readily facilitated cleaning. The general environment and residents' bedrooms, communal areas and toilets inspected appeared clean and clutter-free. The provider was proactive in maintaining and improving facilities and physical infrastructure in the centre, through ongoing maintenance and renovations. For example, a bathroom had been recently painted and a schedule of bedroom door repairs was observed to be ongoing on the day of inspection.

Care planning documentation was available for each resident in the centre. Each resident had a pre-admission assessment carried out to ensure the centre could meet the residents' needs. Assessments were completed within 48 hours of admission and all care plans updated within a four month period or more frequently where required. A compliance plan from the previous inspection regarding individual assessment and care planning was followed up by the inspector and there were repeated findings, as further detailed under Regulation 5.

Residents' family and friends were observed to visit residents on the day of the inspection. Residents met their visitors in their bedrooms or in the communal spaces throughout the centre. Visitors confirmed they were welcome to the home at any time. Visitors praised the care, services and staff that supported their relatives in the centre.

The inspector reviewed the centre's policy for End of life care which addressed the requirements of Regulation 13 and was used to guide staff in arrangements prior to, and after, a resident's passing. Staff spoken with were knowledgeable on individual end-of-life care plans in place for residents and informed the inspector that where possible, a room was made available for family's use when their loved one is receiving end-of-life care. A remembrance Mass was celebrated the week prior to the inspection to which families of former residents were invited.

There were information notice boards for residents and visitors on display. These were to inform residents of the services available to them whilst being a resident in the centre such as how to make a complaint, advocacy and other support services with their contact details displayed. The residents' guide for the designated centre outlined a summary of the complaints process naming the nominated person for managing complaints and the appointed review officer.

Regulation 13: End of life

The centre had a comprehensive End of Life policy to guide staff. Each resident received care which respected their dignity and autonomy and met their physical, emotional, social and spiritual needs.

Judgment: Compliant

Regulation 20: Information for residents

The residents' guide for the designated centre was available dated October 2025. This guide contained all of the required information in line with regulatory requirements.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

While residents' needs were comprehensively assessed using validated assessment tools at regular intervals, there were repeated findings identified where action was required to ensure that the care provided was appropriate, consistent and effectively monitored.

The care plans which prescribed the required interventions to support residents' care were not consistently implemented in practice. For example:

- Requirements of two and four hourly repositioning were outlined in the care plan as informed by a risk assessment, but records showed that resident repositioning was not within the prescribed time frames. This posed a risk that residents assessed as being at risk were not effectively protected from the risk of pressure sore or skin breakdown.
- Required SSKIN Care Bundle was not completed as explicitly outlined in the care plan.

Judgment: Substantially compliant

Regulation 11: Visits

The registered provider had arrangements in place for residents to receive visitors. Visits were not restricted and were aligned with the centre's visiting policy.

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
Capacity and capability	
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	Compliant
Quality and safety	
Regulation 13: End of life	Compliant
Regulation 20: Information for residents	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 11: Visits	Compliant

Compliance Plan for Firstcare Mountpleasant Lodge OSV-0000701

Inspection ID: MON-0041840

Date of inspection: 01/12/2025

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 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: • Enhanced auditing processes are fully in place as of 15/12/2025. • Corrective Action Tracker: A live log is in use from15/12/2025, where any audit "fails" must be rectified and signed off within 48 hours. • Daily Safety Checks: Since 02/12/2025, a mandatory daily checklist is completed by CNMs/ADONs and reviewed by the DON. • From 02/12/2025, DON and ADON conduct regular "walkarounds" to ensure the physical care being delivered matches the written care plans • Comprehensive monthly audits continue, with results directly communicated back to the clinical team to improve practice – in place since 02/12/2025. • Continuous oversight of clinical data to ensure the service remains safe and consistent with resident needs – in place since 02/12/2025.	
Regulation 5: Individual assessment and care plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan: • Integration of hospital discharge notes and GP summaries into the initial care plan to ensure continuity of care – to be fully completed by 28/02/2026. • Formal evidence of resident or family involvement in the planning process – to be fully completed by 28/02/2026. • Training sessions for all clinical staff on recording to ensure daily ADLs' records	

accurately reflect the goals set out in the care plan – to be fully completed by 28/02/2026.
• Repositioning Safety Logs were implemented at the point of care to ensure 2-hourly and 4-hourly interventions are recorded immediately (in place since 02/12/2025).
• From 02/12/2025, CNMs perform a "mid-shift record check" daily to ensure records are up to date before the shift ends.
• Refresher training for all clinical staff on SSKIN Bundle, focusing on the link between the care plan and the daily skin check requirements will be completed by 28/02/2026.
• Ensure 100% of residents at risk of pressure sores have a fully completed SSKIN record for every 24-hour period (in place since 02/12/2025).
• Weekly spot audits by the ADON on the SSKIN records of the highest-risk residents (in place since 02/12/2025).
• Introduce a High-Risk Care schedule in a digital alert that highlights residents requiring specific timed interventions (Repositioning, SSKIN) – to be completed by 28/02/2026.
• DON to review "Gap Reports" weekly to identify if specific shifts or staff members need additional support – in place since 02/12/2025.
• Identify and correct any mismatch between care plans and practice within 48 hours of discovery – in place since 15/12/2025.

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 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	31/01/2026
Regulation 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).	Substantially Compliant	Yellow	08/02/2026