



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:	Announced
Date of inspection:	23 January 2024
Centre ID:	OSV-0000701
Fieldwork ID:	MON-0042094

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:	74
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How we inspect

To prepare for this inspection the inspector or 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 23 January 2024	09:15hrs to 17:10hrs	Sinead Lynch	Lead
Tuesday 23 January 2024	09:15hrs to 17:10hrs	Yvonne O'Loughlin	Support

What residents told us and what inspectors observed

Inspectors spoke with eight residents living in the centre, residents who were willing and able to converse. The overall feedback from the residents living in the centre was positive. Residents told the inspectors that they were well looked after and that staff were very kind to them. Many residents told the inspectors that the food was 'good quality' and that they had access to choices at mealtimes, this was evidenced by the menus with clear pictures of what food choices were available.

This was an announced inspection carried out over a day. Throughout the inspection, inspectors observed residents relaxing in their rooms or in the day rooms. There was a prayer room available for residents' use also and this was observed in use by a resident and their visitor on the day of inspection.

The inspectors observed that staff knew the residents well and were aware of their individual needs. One resident informed inspectors that 'staff were very nice and you could talk to them about anything'. Staff spoken with were knowledgeable of their role and reported that they were well supported.

The inspectors spoke with visitors on the day of inspection. All expressed their satisfaction with the centre and commented on the excellent service including good food, lovely warm living arrangements and lovely staff.

The dining rooms were bright, spacious and clean, residents enjoyed the dining experience as many were laughing and talking with staff. There were enough staff to help residents during mealtimes and supervise.

One relative said "the care we have received from the staff meant my father can now walk again and has put on weight".

Residents had their own kitchen area, where they could engage in activities like home baking. The smell of fresh bread was smelt throughout the centre on the day of inspection.

Inspectors saw that residents were encouraged to personalise their bedrooms, with items such as photographs, ornaments and personal belongings to help them feel comfortable and at ease in the home.

One resident spoken with said that there was plenty of activities to choose from and that in particular they enjoyed the arts and crafts. An activity co-ordinator was on site to organise and encourage resident participation in events. An activities schedule was on display in the sitting area around the centre, and inspectors observed that residents could choose to partake in board games, bingo, quiz games and movies.

Residents had easy access to a secure internal courtyard, which was paved and had ample seating areas for residents and their visitors to use and enjoy. This area was well maintained and provided ample space for residents to relax in the fine weather.

Residents had the choice to have their personal clothes laundered in the centre. The feedback from residents on this service was very positive, 'clothes are returned like new' and 'they come back smelling so fresh'. Residents' wardrobes were found to be neat and tidy with ample space for their personal clothing.

There was an information notice board for residents and visitors close to reception. This was to inform residents of the services available to them while a resident in the centre. Advocacy and other supports services were displayed with their contact details.

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

Capacity and capability

Overall, this was a good, well-resourced centre with effective governance and management arrangements which ensured residents were supported to enjoy a good quality of life and receive safe quality care and supports. This was an announced inspection which took place over one day, to monitor ongoing compliance with the regulations.

There was a clearly defined management structure in place with clear lines of authority and accountability. On the day of the inspection the person in charge was supported by an assistant director of nursing (ADON), a team of nurses, healthcare assistants, housekeeping, catering, laundry, maintenance and administrative staff. The regional director was also present on site to support the team from an operational side. The person in charge informed the inspectors that the regional manager is present in the centre at least one day a week and also available over the phone whenever needed.

Inspectors observed well-defined accountability and responsibility structures in the centre's governance and management, for preventing and controlling infections.

The Director of Nursing had overall responsibility for infection prevention and control and antimicrobial stewardship. The provider had also nominated a new assistant director of nursing to the role of infection prevention and control link nurse who will be completing the link practitioner course this year.

A schedule of infection prevention and control audits was in place. The audits covered a range of standard precautions like hand hygiene, management of spillages, equipment and environment hygiene, laundry, waste and sharps

management. The high audit scores reflected what the inspector observed on the day.

The provider had implemented a number of antimicrobial stewardship measures. The volume of antibiotic use was monitored each month. This data was analysed and used to inform practice. Antimicrobial stewardship information was also available on the notice board at reception and in the treatment rooms. Staff were aware of the national "Skip the Dip" initiative to reduce the use of urine dipstick but no posters or signage was seen on the day of inspection.

There were adequate housekeeping staff to meet the needs of the centre. The provider had a number of processes in place to ensure a high standard of environmental hygiene. These included cleaning instructions, checklists and colour coded cloths to reduce the chance of cross-infection. Housekeeping trolleys were clean and well maintained with a lockable store for chemicals. Cleaning records viewed confirmed that all areas were cleaned each day and taps were flushed weekly to prevent Legionella infection risks.

Policies, procedures and guidelines were in place in line with the requirements set out in the regulations. There was a well structured roll-out and implementation of policies and procedures to ensure staff were knowledgeable of the contents. They were easy to read and understand so that they could be readily adopted and implemented by staff. Staff spoken with recognised that policies, procedures and guidelines help them deliver suitable safe care, and this was reflected in practice.

There was good evidence on the day of inspection that residents were receiving good care and attention. Inspectors reviewed a sample of staff duty rotas and in conjunction with communication with residents and visitors, found that the number and skill-mix of staff was sufficient to meet the needs of residents, having regard to the size and layout of the centre.

Staff training records were maintained to assist the person in charge with monitoring and tracking completion of mandatory and other training completed by staff. A review of these records confirmed that mandatory staff training in manual handling procedures and fire safety had been completed.

The provider had the appropriate insurance in place against injury to residents, including loss or damage to resident's property.

An annual review was available and reported the standard of services delivered throughout 2023 and included a quality improvement plan for 2024. It included feedback from residents and relatives.

Regulation 14: Persons in charge

There was a person in charge who worked full-time in the centre. The person in charge is a registered nurse and they met the requirements of the regulations. The

person in charge was well known to residents and staff and it was clear that they had responsibility for the day-to-day running of the service.

Judgment: Compliant

Regulation 15: Staffing

The staffing numbers and skill-mix were appropriate to meet the needs of residents living in the centre.

There was a registered nurse on duty at all times as confirmed by the person in charge and staff rosters.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had ensured that staff had access to appropriate training.

Staff were appropriately supervised on the day of the inspection.

Judgment: Compliant

Regulation 21: Records

The registered provider had ensured that the records set out in Schedules 2, 3 and 4 were kept in the designated centre in a safe and accessible format.

Judgment: Compliant

Regulation 22: Insurance

There was an appropriate contract of insurance in place that protected residents against injury and against other risks, including loss or damage to their property.

Judgment: Compliant

Regulation 23: Governance and management

The designated centre had sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose. An annual review, which included consultation with the residents was in place. There were effective management systems in place to ensure the service was safe, appropriate, consistent and effectively monitored, as demonstrated by sustained levels of compliance across the regulations.

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.

Judgment: Compliant

Quality and safety

Overall, the inspectors were assured that residents living in the centre enjoyed a good quality of life. Residents appeared well cared for with their personal care needs being met. Their social care needs were incorporated into their daily care, which they all appeared to really enjoy.

Care plans examined were seen to be prepared within 48 hours of admission to the designated centre. The inspector saw evidence of end-of-life assessments for a sample of residents. These had been completed on admission and included details of their wishes and preferences at the time of their death. These were regularly reviewed and there was evidence of family involvement especially where the residents did not have capacity to make a decision themselves.

It was observed by inspectors that through on-going comprehensive assessments, residents' health and well being were prioritised and maximised. The nursing team in the centre worked in conjunction with all disciplines as necessary, including dietitian, speech and language therapist, palliative care team, physiotherapy to name a few. Residents had their own general practitioner (GP) of choice, and medical cover was available daily. Out of hours medical cover was also provided. Residents were facilitated to access the National Screening Programme, in line with their assessed needs.

At Mountpleasant Lodge nursing home, there were arrangements in place to ensure that residents had access to and retained control over their personal property, possessions and finances. Residents were seen to have adequate locked space to store and maintain clothes and personal possessions. Most residents had chosen to personalise their rooms with photographs and ornaments. Residents confirmed that their laundry was done regularly and returned promptly. Residents did not report any complaints about laundry service and confirmed that laundry did not go missing.

The premises was of suitable size to support the numbers and needs of residents living in the designated centre.

The provider continued to manage the ongoing risk of infection from COVID-19 and other infections. The Inspectors identified good practices in infection prevention and control. For example;

- The residents colonised with multidrug resistant organisms (MDRO) were clearly identified, and their care plans included detailed information to ensure personalised care and safe practices.
- Waste, laundry, linen and sharps were managed in a way to prevent the spread of infection.
- An infection prevention and control assessment formed part of the pre-admission records. These assessments were used to develop care plans that were seen to be person-centred and reviewed regularly as required. Resident care plans were accessible on an electronic care management system, this now includes the National Transfer Document which is used when residents are moved to acute care.
- Staff had identified that safety devices were required on all needles and an order for these devices had been made, this reduces the risk of a needle stick injury.

Since the last inspection the provider had improved hand hygiene facilities in the centre, clinical hand hygiene sinks were available within easy access on each floor. The inspector observed staff using personal alcohol gel to sanitise their hands between episodes of care.

Regulation 12: Personal possessions

Residents were facilitated to have access to and retain control over their personal property, possessions and finances. They had access to adequate lockable space to store and maintain personal possessions. Clothes are laundered regularly and promptly returned.

Judgment: Compliant

Regulation 17: Premises

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

Judgment: Compliant

Regulation 27: Infection control

The registered provider had ensured effective governance arrangements were in place to ensure the sustainable delivery of safe and effective infection prevention and control and antimicrobial stewardship.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

A variety of validated assessment tools were used to assess the residents' individual needs. These assessments informed the residents' care plans and were easy to understand. These had been completed within 48 hours of admission and care plans were prepared based on these assessments. Care plans were updated within four months or more frequently where required.

Judgment: Compliant

Regulation 6: Health care

The inspector found that residents had access to appropriate medical and allied healthcare support to meet their needs.

Records showed that residents had access to medical treatment and appropriate expertise in line with their assessed needs, which included access to expertise in gerontology, psychiatry of later life and palliative care services as required.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Staff had attended training to ensure they had the necessary knowledge and skills to manage residents' responsive behaviours. A policy on the management of restrictive practices was available and accessible to the staff team.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
What residents told us and what inspectors observed	
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 27: Infection control	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant