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Mountpleasant Lodge, OSV-0000701, 13 July 2022

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

Issued by the Chief Inspector

Name of designated centre:	Mountpleasant Lodge
Name of provider:	Firstcare Mountpleasant Lodge Limited
Address of centre:	Clane Road, Duncreevan, Kilcock, Kildare
Type of inspection:	Unannounced
Date of inspection:	13 July 2022
Centre ID:	OSV-0000701
Fieldwork ID:	MON-0035557

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:	61
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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
Wednesday 13 July 2022	09:00hrs to 16:30hrs	Sinead Lynch	Lead

What residents told us and what inspectors observed

The inspector met a number of residents and visitors on the day of the inspection. The feedback from residents was that they were well looked after by the staff and were happy to be living in the centre. The residents spoke about the activities in the centre and how busy their day was. Residents were seen attending activities in different areas of the centre for example; mass at 11am, fit for life at 2pm and residents' meeting at 3pm. The activities board displayed an array of different activities to meet many of the residents' needs.

One resident spoken with said 'staff would drive you mad, always asking if I'm ok and do I need anything?'. Visitors spoken with had similar positive opinions. One visitor told inspectors that when their loved one was admitted to the centre, they were able to bring so many personal items from home that it assisted in the 'settling-in period'. Although the majority of views were positive, one resident did say the noise from the posey (falls) alarm system was 'too loud and annoying'. The inspector brought this to the attention of the person in charge and immediate action was taken to reduce the noise level.

The inspector observed that residents' bedrooms were personalised with possessions that were meaningful to the residents and reflected their life experiences. There was adequate storage available in the bedrooms. Inspectors observed that each resident had a personal emergency evacuation plan (PEEPs) in their rooms.

The inspector observed the interaction between residents and staff and noted a kind, patient and positive approach on the day of the inspection. All residents were well presented in their appearance. Some residents spoke about their delight to have the hairdresser return and how they 'loved to attend the salon on site'. This salon was viewed by the inspector on the day and found to be very well laid out and nicely decorated.

Staff were observed to be very interactive with the residents and having meaningful conversations of interest to both the resident and the staff member. Residents were seen to sit out in the enclosed gardens throughout the day with both staff and their visitors. This garden had been upgraded since the last inspection, and now had artificial grass and flat surfaces that were wheelchair accessible. The array of colourful flowers and the ample amount of suitable seating allowed the residents to relax in a comfortable and safe environment.

There was a purpose-built snoezelen room available. This offered the residents a surrounding of both soothing sounds and captivating aromas.

Call-bells were answered promptly. Staff were seen to attend to residents and offer assistance if and when required. Residents spoken with said that they never have to

wait long for a staff member to attend to them.

The inspector spoke with staff, who confirmed they were aware of the complaints procedure. Residents spoken with also confirmed they were aware of who to speak to if they had any issues. Some residents said they can discuss any issues at the residents' meetings also. Minutes of these residents' meetings were viewed and found to have appropriate action plans in place for any areas of improvement identified or required.

The next two sections of the report will discuss the governance and management of the centre and the quality and safety of care. The findings will be reported under the relevant regulations in each section.

Capacity and capability

Overall, this inspection found that there was a clearly defined management structure in place, with effective management systems ensuring the delivery of quality care to residents. The management team was proactive in responses to issues as they arose, and used regular audits to improve practices and services.

The registered provider is Firstcare Mountpleasant Lodge Limited. The management team was established and consisted of a Regional Director, Assistant Regional Manager, a Managing Director and an Operations Manager. 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. There were regular team meetings between management and staff, and minutes of these meetings were viewed on inspection. Actions and improvement plans with time frames were in place. The centre had completed an improvement plan to reduce the use of restraint in the centre. There was a reduction from 44.1% to 11.8% in the use of restraints, while the centre had also maintained a continuous reduction in falls. Many improvement plans were seen on the day of inspection with clear and accurate results and goals in place.

There was a varied training programme in place to ensure staff were appropriately skilled. All mandatory training was up to date, which included; fire safety, safeguarding vulnerable adults, manual handling, and infection prevention and control.

The management team was met with on inspection, and the inspector found that they were aware of their lines of authority and accountability. They demonstrated a clear understanding of their roles and responsibilities. They worked well together,

supporting each other through a well-established and maintained system of communication. Managers were known to residents and their visitors. Residents told the inspectors that they could talk to senior staff and management if they had any concerns.

The inspector found that the centre was well resourced, in terms of staffing levels, to meet the needs of residents. The staffing rosters reflected the staff on duty in the centre on the day.

The inspector reviewed the minutes of staff meetings and was advised that the person in charge was available for staff if they had any issues or concerns. There were appropriate on-call arrangements within the centre. Staff spoken with were clear on their roles and responsibilities.

The inspector acknowledged that residents and staff living and working in centre had been through a challenging time, due to restrictions imposed by COVID-19. The service had previously had an outbreak of COVID-19. Staff were observed to be following best practice with infection control procedures and hand hygiene. The centre had an up-to-date COVID-19 contingency plan, which was reviewed on a regular basis.

There was a comprehensive complaints procedure in place, which included an appeals process. The procedure was displayed in a prominent place in the centre. There were no open complaints on the day of the inspection, but previous complaints were viewed. The process was in line with the centre's policy.

Regulation 15: Staffing

The registered provider had the number and skill-mix of staff appropriate to the needs of the residents' assessed needs.

There was a registered nurse in the centre at all times in line with the regulations.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had ensured that all staff had access to appropriate training as relevant to their role.

There was adequate supervision in place in the centre.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider ensured the centre had the resources in place to effectively deliver care in accordance with the statement of purpose.

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

There was an annual review available which was completed in consultation with the residents.

Judgment: Compliant

Regulation 24: Contract for the provision of services

The inspector viewed a section of contract for provision of services. These were not all completed in line with the requirements of the regulations, for example;

-Two contracts had no room number displayed.

-One contract did not specify fees if any to be charged for such services.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

The registered provider had an accessible and effective complaints procedure in place, which included an appeals procedure.

The complaints procedure was displayed in a prominent place in the centre.

Judgment: Compliant

Quality and safety

Overall, residents enjoyed a good quality of life within the centre. There was good access to healthcare services. There was evidence of referral to, and recommendations from, other healthcare professionals such as; dietitian, speech and language, psychiatry of older age, physiotherapy and tissue viability nursing.

There was a good standard of care planning in the centre. Residents' needs were comprehensively assessed by validated risk assessment tools. Care plans were person centred and routinely reviewed. Residents had a pre-admission assessment completed to ensure the centre could meet the residents' needs. Assessments were used to develop care plans and these were in place within 48 hours of the resident's admission. Assessments were used to identify each resident's risk of; falls, skin integrity and malnutrition. Care plans were personalised to each residents' needs and reviewed within the last four months or more frequently if required. There was evidence of good access to medical staff in line with residents' assessed needs.

Staff had completed training on safeguarding of vulnerable adults. There was information on advocacy services displayed within the designated centre. A notice board displayed information for residents on services available to them in the centre such as; the independent advocacy group and grief counselling.

Since the last inspection the registered provider had implemented many improvements in the centre, such as; improved directional signage throughout the centre in both written and picture format, the court yard was now complete with safe-flat grounds that were wheelchair accessible with adequate seating, oxygen was now stored safely with appropriate signage in place, an improvement laundry layout that provided a dirty-to-clean flow to prevent cross infection.

There was a selection of activities in the centre for residents to avail of. Throughout the day of the inspection, residents were seen to be enjoying the interaction with staff while attending these activities. Some residents sat in the courtyard with staff or family members. Religious orders of different denominations visited the centre regularly. A voting register was completed in the centre giving residents their choice to vote in local and national elections.

The registered provider had procedures in place consistent with the standards for the prevention and control of healthcare-associated infections. The centre was observed to be clean and mostly well organised. However, storage in the centre required review. There was adequate storage areas but these were found to be cluttered. The inspector observed good hand hygiene practices by staff.

Some walls in the corridors required upgrading with regards to paintwork. The registered provider had a schedule of works which was shown to the inspector on the day, and this highlighted these areas and the time schedule for the works to be completed.

Regulation 11: Visits

Visiting in the centre was conducted in line with appropriate infection control practices.

The registered provider ensured that visits by residents' family and friends were facilitated seven days per week. Residents were able to receive visitors in a variety of locations including their bedrooms and dedicated areas within the centre.

Judgment: Compliant

Regulation 17: Premises

The following issues were identified:

-The designated centre had multiple storage rooms available. However, they were cluttered with a mix of residents' equipment and decorations. The registered provider had made every effort on the day to have these rearranged and placed more suitably for their purpose.

-The designated centre was nicely decorated overall, however, there were areas that required repair such as paint work on the corridor walls. This was in a scheduled plan of works.

Judgment: Substantially compliant

Regulation 27: Infection control

Although the centre was clean throughout, the storage of items on the floor in storage rooms, impacted on the ability to effectively clean areas of the centre.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Residents' needs were assessed on an ongoing basis using a number of clinical assessment tools. Care plans were reviewed and updated as residents' needs changed, within four months and as required. Residents' preferences were documented, and where the resident was unable to contribute to their care plan,

family members were consulted.

Judgment: Compliant

Regulation 6: Health care

The registered provider ensured that residents had appropriate access to medical and healthcare through regular visits from the general practitioner (GP), referrals to allied health professionals and other medical services.

Judgment: Compliant

Regulation 8: Protection

The safeguarding policy was available to inspectors and was up to date. Staff had received training and were able to demonstrate this knowledge to the inspector throughout the day.

Judgment: Compliant

Regulation 9: Residents' rights

There were facilities for residents to engage in recreational and occupational opportunities, and to exercise their political and religious rights. Residents had access to radio, television, newspapers and to the Internet. Residents were supported to exercise choice at mealtimes. There was an independent advocacy service available in the centre.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Mountpleasant Lodge OSV-0000701

Inspection ID: MON-0035557

Date of inspection: 13/07/2022

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 24: Contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:</p> <p>S: Contract of care will be reviewed and updated to include resident’s room number and any specified fees payable by the resident. In the case where resident will not be charged such fees, i.e., HSE contract bed, this will be clearly stated in the contract of care.</p> <p>M: Through learning to ensure contracts have improved information</p> <p>A: Through audit and review</p> <p>R: Oversight from management team as they will be signing all contracts</p> <p>T: Completed by the 31st August 2022</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>S: All storage rooms have been cleaned and rearranged. All clutter has been removed and placed appropriately. Paintwork will be completed also.</p> <p>M: Enhanced monitoring</p> <p>A: Through audit and review</p> <p>R: Oversight from management team</p> <p>T: Store rooms completed immediately post inspection and painting due to be completed by the 31st December 2022.</p>	

Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>S: All storage rooms have been cleaned and rearranged. All clutter has been removed and placed appropriately. Paintwork will be completed also.</p> <p>M: Management will check these areas as part of daily walkthroughs to ensure compliance and monitoring.</p> <p>A: Through audit and review</p> <p>R: Realistic</p> <p>T: Store rooms completed immediately post inspection and painting due to be completed by the 31st December 2022.</p>	

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	31/12/2022
Regulation 24(2)(b)	The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre concerned and include details of the fees, if any, to be charged for such services.	Substantially Compliant	Yellow	31/08/2022
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare	Substantially Compliant	Yellow	31/12/2022

	associated infections published by the Authority are implemented by staff.			
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