



# 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:	12 July 2021
Centre ID:	OSV-0000701
Fieldwork ID:	MON-0033657

## 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:	56
--	----

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 12 July 2021	08:40hrs to 17:35hrs	Margaret Keaveney	Lead
Monday 12 July 2021	08:40hrs to 17:35hrs	Siobhan Nunn	Support

## What residents told us and what inspectors observed

From what residents told inspectors and from what was observed, it was evident that residents were happy living in Mountpleasant Lodge and their rights were respected in how they spent their days. The home as a whole had a calm and tranquil atmosphere. Residents who spoke with inspectors expressed great satisfaction with the staff and the service provided to them. Those residents who could not articulate for themselves appeared very relaxed. It was clear that staff took good care in dressing and attending to the personal care of residents who could not perform such activities unassisted.

The designated centre was located in scenic countryside near Kilcock, Co. Kildare. On arrival to the centre inspectors were met by a member of staff who guided them through an infection prevention and control procedure which included the use of hand sanitising gel, the wearing of a mask, temperature monitoring and the completion of a health questionnaire. Inspectors observed that staff were compliant with COVID-19 standard precautions and the appropriate use of personal protective equipment (PPE). Face masks were worn correctly and good hand hygiene practices were observed.

Following a short opening meeting, inspectors were accompanied on a tour of the premises by the person in charge where they met and spoke with residents in communal rooms. The entrance hall of the home was decorated with bright artwork of farm animals which reflected the rural setting of the nursing home. All bedrooms looked out onto an enclosed courtyard garden or onto fields surrounding the home. Residents also had access to a second, smaller secure garden and to an open lawn to the front of the building. While there was seating and planting in both garden areas, inspectors saw that they were in need of some attention and upgrading to provide a safe and stimulating area for residents to enjoy. This need had been identified by the person in charge and improvement works were planned.

Residents' accommodation and living space was laid out over two floors which were served by a lift and all areas were easily accessible to residents. Bedroom accommodation comprised of 81 single, ensuite bedrooms which provided the residents with privacy and dignity. Inspectors saw that there was sufficient secure storage in residents' bedrooms and that each had a television for entertainment. Residents were supported to personalise their bedrooms, with items such as photographs, artwork, bed throws and cushions, to help them feel comfortable and at ease in the home. One resident informed the inspector that, prior to admission, they had been very apprehensive about coming to live in the nursing home but that staff had made them feel very welcome and they were now 'thrilled' to be living there.

There was a variety of different spaces for residents to use throughout the day. There was comfortable day and dining spaces for residents to relax on each floor and an oratory on the second floor. The design and layout of the home promoted

free movement. Nurse work stations had been recently set up in the day rooms so that nursing staff could supervise and chat with residents throughout the day.

The inspectors spoke directly with three individual residents and also spent time sitting with small groups of residents observing staff and resident engagement. Overall feedback from residents spoken with was that the staff who delivered their care were kind and attentive. One resident described the staff as 'beautiful people'. Inspectors observed that staff greeted residents by name and residents were seen to enjoy the company of staff. Staff were observed to speak with residents kindly and respectfully, and to interact with them in a friendly and unhurried manner. Call bells were answered promptly and staff were seen knocking on bedroom doors prior to entering.

Residents spoken with were highly complimentary of the service received and told inspectors that they felt safe and very well cared for living in the centre. Inspectors observed that the care staff knew the residents well and were aware of their individual needs. Staff spoken with were knowledgeable of their role and reported that they were well supervised and supported. Residents were familiar with the name of the person in charge and other staff members. They said that they were approachable and would address any concerns brought to their attention. Inspectors saw that many of the nursing staff had volunteered to act as care champions in specific areas of residents care, such as falls, skin integrity and care planning.

Mealtimes were seen to be an enjoyable and social occasion. One inspector sat with a small group of residents having finished their midday meal. The residents expressed a high level of satisfaction with the meal, with one resident commenting that 'the food is excellent. Each chef is better than the other'. Residents confirmed that a choice of food was always on offer. Residents could choose to dine in a number of areas and staff were observed to support changes made by some residents when deciding where to dine. Staff assisted residents, in need of support during mealtimes, in a kind and patient manner. Fresh water was available in dispensers and jugs the centre so that residents could get a drink of fresh water as required throughout the day.

The person in charge had been recently appointed to the centre and had made some changes that positively impacted on the residents living in the centre. Changes to the rostered hours of activity staff meant that residents could partake in activities later in the day after their personal care needs had been attended to in the morning. A number of residents spoken with said that there was plenty of activities to choose from and that in particular they enjoyed the live music at the weekends, aromatherapy sessions and chair yoga. The person in charge informed inspectors that they had purchased an interactive play system in the hope of positively impacting on the residents' lives and experiences in the home. Inspectors were informed that the interactive play programme was aimed, in particular, at encouraging residents with a diagnosis of dementia to participate and engage in social experiences. While there were specific staff employed to run the activities programme, the inspectors observed that many staff were actively involved in the social side of the residents' daily life.

During the course of the day, inspectors observed visitors arriving to home, where they adhered to the same infection prevention and control measures as inspectors had on arrival. They were received by residents in a number of comfortable and private designated visitors' areas. One visitor spoken with stated that they were delighted that visiting arrangements were now less limited, in line with the Health Protection and Surveillance Centre (HPSC) guidelines on visits to nursing homes. They reported that the home had frequently communicated with the family during times of no indoor visits and that they were very grateful for this.

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 impacted the quality and safety of the service being delivered.

## Capacity and capability

Overall, the findings of this inspection show that this was a well-governed centre which ensured that residents received high quality, safe care. The management structure was clear and the lines of authority and accountability were clearly outlined and reflected the statement of purpose.

On the day of the inspection there were 56 residents living in Mountpleasant Lodge with 25 vacant beds. This was an unannounced risk based inspection to monitor compliance with the regulations. The Chief Inspector had been notified of an outbreak of COVID-19 in April 2020 in which eight staff and 16 residents contracted the virus. Sadly nine residents passed away during the outbreak.

The management team was made up of the operations manager, director of human resources and the person in charge, and each were aware of their role and responsibilities. This ensured that the service provided was safe, consistent and effectively monitored. The provider had adequately resourced the service and had committed to upgrading areas of the designated centre. The operations manager visited the centre regularly and met monthly with the person in charge to discuss all areas of governance. They took appropriate actions where necessary. The provider had a comprehensive COVID-19 contingency plan in place and provided documents which evidenced simulated actions around a COVID-19 outbreak. An annual review report for 2020 was available to inspectors, and included direct consultation with residents. Direct input from residents' families was not evident in the report, which the person in charge explained was due to restrictions around the COVID-19 pandemic.

There were adequate staffing resources available to ensure that care was provided in accordance with the centre's statement of purpose and to meet the assessed needs of the residents living in the centre. Inspectors were informed that an assistant director of nursing had recently been appointed to support the person in charge.

Staff had access to an extensive list of mandatory and supplementary training, which included infection control, safeguarding vulnerable adults, manual handling, fire training, medication management, dementia care and wound care. Inspectors saw from rosters reviewed that refresher training in infection control and safeguarding vulnerable adults was scheduled for the day following the inspection. Records evidenced that two nurses had received training in person-centred care planning and inspectors were informed that the remaining staff nurses would receive similar training. The implementation of this training in care planning was an action from the previous inspection to develop person-centred care plan records. Staff spoken with had detailed knowledge of resident's needs. They also demonstrated a good knowledge of the complaints and safeguarding procedures. Records evidenced that there were robust induction and appraisals systems in place. Inspectors were informed that the person in charge and two Clinical Nurse Managers were trained in taking swabs for COVID-19.

A sample of residents' contracts for the provision of services was reviewed. These contracts outlined the terms and conditions and responsibilities of the provider and resident, and all had been signed by the resident and/or their next of kin. The centre had written policies and procedures in place, which were reviewed and updated in accordance with best practice guidelines. These policies included those specific to COVID-19 pandemic and public health guidance. An insurance certificate evidenced that the centre had an appropriate level of insurance in place covering injury to residents and their property.

Residents and family members spoken with told inspectors that they would know how to make a complaint if needed and felt supported by all staff to do so. Inspectors reviewed the complaints log which evidenced that complaints received were well managed and resolved. The documentation showed that the management team engaged with the complainant to ensure that all reasonable measures were taken to ensure a satisfactory outcome. Inspectors noted that some complaints had led to improvement in the service provided, such as the addition of reception staff at weekends.

## Regulation 15: Staffing

On the day of the inspection there was a sufficient number of staff available, with the appropriate skills, to meet the assessed individual needs of residents, given the size and layout of the centre. Planned and actual staff rotas were available and reviewed.

The rosters reviewed showed that there was at least one nurse on duty at all times.

Judgment: Compliant



## Regulation 16: Training and staff development

Records reviewed showed that mandatory training was up to date for all staff working in the centre. Training was regularly reviewed and planned according to the needs of the service.

Staff were appropriately supervised and supported in their respective roles by the person in charge, clinical managers and team leaders. Appraisals were completed for all staff.

Judgment: Compliant

## Regulation 22: Insurance

There was a valid contract of insurance against injury to residents and to protect their property.

Judgment: Compliant

## Regulation 23: Governance and management

This was a well-governed centre with good leadership, governance and management arrangements in place. Managers were known to staff and residents.

The management team demonstrated knowledge of the regulatory requirements and had good systems in place to ensure the care provided was safe, appropriate and effectively monitored. Clinical and non-clinical data were reviewed at regular management team meetings. Clinical audits included those on falls, medications, pressure ulcers. There was clear evidence of learning and improvements being made in response to these audit reports and to feedback from residents. An annual review had been completed for 2020, it included consultation with residents and a quality improvement plan for 2021.

Judgment: Compliant

## Regulation 24: Contract for the provision of services

Inspectors reviewed a sample of contracts for the provision of services and observed

that they contained all of the required information.

Judgment: Compliant

### Regulation 34: Complaints procedure

There was an effective complaints procedure in the centre. This was displayed throughout the centre. There was a nominated person who dealt with complaints and a nominated person to oversee the management of complaints.

The centre considered all feedback received both verbal and written and there was evidence of effective management of the complaints viewed with the satisfaction of the complainant recorded.

Judgment: Compliant

### Regulation 4: Written policies and procedures

Policies and procedures as set out in Schedule 5 were in place and available to all staff in the centre.

Relevant policies for the management of the COVID-19 pandemic had been developed. These included infection control, visiting and cleaning protocols.

Judgment: Compliant

## Quality and safety

Inspectors found that residents received a safe service which enhanced their quality of life. Staff supported residents to access health services and to make choices about their daily living routines and activities. Residents welfare was maintained by good quality evidence based care. The centre was clean and furnished in a homely manner to meet the needs of residents, however the premises required improvement to ensure that there was sufficient storage and that residents could safely enjoy the two enclosed gardens.

Inspectors reviewed documentation related to the care of nine residents. Care plans were person-centred and were informed by a number of clinical assessments covering all aspects resident's care including mobility, nutrition, cognition and skin care. Pre-admission assessments were completed to gather information about

residents needs prior to their move to the designated centre. Care plans were reviewed every four months or earlier if residents' circumstances changed. Food plans provided details for staff about residents' preferences and the level of assistance residents required to enjoy their meals.

A large notice board was used to display information about different health matters in order to provide education to residents on various areas of their health. The GP visited the designated centre regularly. Residents had access to a number of allied health professionals, including dietetics, occupational therapy and speech and language therapy. A physiotherapist visited weekly and referrals were made to tissue viability nursing when required. GP and allied health interventions were documented in resident records. A falls clinic had been initiated by the person in charge, where falls were reviewed and analysed to identify action to prevent residents falling in the future.

Inspectors saw evidence that residents who presented with responsive behaviours (how people with dementia or other conditions may communicate or express physical discomfort) were treated with respect and dignity by staff. Their questions were answered and staff were observed to gently talk to residents and redirect them to sitting and dining areas. Residents were given time to express their concerns and support to maintain their safety. Where restrictive practices were in use, documentation was in place which recorded the reason for the practice, and when it was used.

Residents' rights were upheld by the designated centre with their wishes and preferences respected. Inspectors saw that residents' views were elicited at regular residents' meetings, chaired by a resident, and via satisfaction surveys. Inspectors saw that the Person in Charge respected and promptly acted on residents' opinions. For example, following a request from residents, a selection of sandwiches was recently made available in the afternoons. The provider had in place adequate facilities and resources to support recreational activities for residents, and many residents were observed to partake in group and one-to-one recreational activities during the inspection. In a review of resident's meeting minutes, inspectors saw that, in particular, residents enjoyed live music, chair yoga and aromatherapy sessions. Inspectors observed residents moving freely throughout the centre.

A choice of food was offered at mealtimes. Written menus were available to residents in dining rooms and staff were observed to ask residents what their preferred option was at lunch, and alternatives to the choices on offer on the day were available if requested by residents. Pictorial menus were not available to residents. The management team agreed to consider introducing such menus to assist residents who were not able to understand the written format in their dining choices. There were adequate staff to assist residents with their meals and this was seen to be performed in a discreet and respectful manner and mealtimes were observed to be social and relaxed occasions.

On reviewing residents' records inspectors found appropriate documentation regarding residents' possessions. The centre had an in-house laundry facility which was clean and well-organised. It had clear signage indicating the areas where soiled

and clean laundry were processed which ensured that resident's clothing was promptly laundered and safely returned to them. The laundry staff ensured that residents' clothes were labelled and they maintained a record of new clothes as they were brought to the designated centre. Household linen was washed on separate days to residents clothing to ensure that residents' clothes received the required care. Residents told inspectors that they were happy with the manner in which their clothes were laundered within the designated centre. There was adequate wardrobe space in bedrooms to store the resident's clothes and their personal possessions. Residents had access to a locked drawer in their bedrooms and there was separate system of safekeeping residents' valuables which was under the supervision of the person in charge.

Throughout the pandemic, the provider had ensured that residents maintained close contact with their families using telephone and other media devices. At the time of the inspection, indoor visits were facilitated in line with current public health guidance. The registered provider had completed a visiting survey with family members and the results showed high levels of satisfaction with the service provided. Individual visiting rooms were designated on each floor of the centre. Inspectors observed a shelter outside of one of the rooms to provide comfort to residents' families while they were attending window visits. Visits were booked in advance through reception where a record of all visits was maintained.

A safeguarding policy and procedure provided guidance to staff on the detection, prevention and response to abuse. Two safeguarding incidents were reviewed by inspectors. They found that the policy and procedure were followed and the incidents were investigated thoroughly. Where appropriate, the provider had liaised with the An Garda Síochana and the local safeguarding team to ensure that residents were protected. Inspectors reviewed detailed safeguarding care plans outlining the measures agreed to protect the residents. Staff who spoke with inspectors said that the safeguarding training helped them to protect the residents.

Inspectors observed that more directional signage was needed on the second floor to orientate residents to the communal areas and other facilities. This was a finding in a previous inspection that had not been addressed. The provider had decorated one area of the home with dementia-friendly themes to guide residents with dementia to their bedrooms but this had not been continued throughout the home. The provider had sufficient cleaning resources in place and the centre was clean and tidy. However, redecorating was required in areas and some repairs to skirting boards were also necessary to ensure effective infection prevention and control practices could be completed.

The enclosed courtyard and garden required cleaning to ensure that they were safe for residents use and that all obstructions were removed from the paths. For example there were weeds on the paths and blue artificial pebbles were strewn across paths in the courtyard. The maintenance store room on the second floor was difficult to access due to broken furniture and maintenance supplies being stored on the floor. Inspectors requested that the room was made accessible on the day of the inspection. Many items were cleared by the end of the day, but the room required further organisation to ensure that it was fully accessible and that equipment was

stored safely.

The registered provider had a number of policies to guide staff in the recording, administration and storage of medicines in the designate centre. They made arrangements for the pharmacist to meet residents and a notice board displayed the pharmacist details for residents to access. Clinical waste boxes were dated and stored appropriately. Inspectors saw that fridges used to store medication had the temperature checked daily and recorded. The storage of oxygen needed to be improved. The person in charge posted correct oxygen signage on clinical room doors on the day of the inspection to ensure that staff and residents were aware that oxygen was stored in these rooms.

Medication trolleys were secured to the wall in clinical rooms and were clean and tidy. Inspectors observed staff cleaning dispensing trays following their use, however the cleaning of hand-held thermometers required improvement.

The registered provider had a COVID- 19 contingency plan and an infection prevention and control policy in place to guide staff. Inspectors observed staff adhering to good hand hygiene practice and the correct use of PPE throughout the day. Cleaning trolleys were well organised and housekeeping staff who spoke to inspectors were knowledgeable about good infection prevention and control procedure. For example staff were able to describe how they used single mops for each room and separated soiled and clean mops to prevent cross contamination

A sample of cleaning schedules was viewed by inspectors and found to be completed by staff and signed by the housekeeping supervisor. A rota of the deep cleaning of communal areas and residents bedrooms was maintained on a daily basis. There were sufficient housekeeping staff to maintain a good standard of cleanliness within the designated centre however inspectors found that there were risks of cross contamination due to the storage of some items on the floor in cleaning stores. The skirting board around one cleaning store room was coming away from the wall thus preventing proper cleaning. Access to the sinks in one sluice room was hampered by the storage of two soiled laundry trolleys, and the hand hygiene soap was on the opposite wall to the sink.

An information guide was available to residents which contained relevant information on all aspects of the service and facilities in the centre. Throughout the centre notice boards displayed information on advocacy services, the complaints procedure and activities schedules. Inspectors observed that some information was at a height that was not easy for residents to access.

The management team was responsive in managing identified risks and in monitoring for emerging risks within the centre. A comprehensive risk register had been developed which included both clinical and non-clinical risks. Accidents and incidents were timely reviewed and appropriately responded to. In line with current guidance, a COVID-19 contingency and preparedness plan had been developed, with input from the senior management team and team leads within the centre and from relevant external departments such as public health and infection prevention and control. There was a safety statement in place which required some updating to

accurately reflect the personnel and facilities within the centre.

### Regulation 11: Visits

A comprehensive system was in place in line with HPSC guidance to ensure residents' safety while being able to welcome visitors to the designated centre. Residents were allocated four visits per week, and were able to receive visitors in their own rooms, visiting rooms, the courtyard, the garden and the first floor sun room. Visits commenced at 10am and finished at 6.30pm.

Judgment: Compliant

### Regulation 12: Personal possessions

The registered provider had a policy in place to guide staff on the management of residents' personal possessions. Residents had a chest of drawers and a wardrobe for storage in their rooms. A locked drawer was used by some residents to store their valuables in their rooms while others choose to store items in the safe. Inspectors reviewed the storage arrangements in the safe by examining a sample item. They found that the item was labelled and documented correctly.

Judgment: Compliant

### Regulation 17: Premises

The following areas for improvement were identified:

- There was inadequate directional signage on the second floor. This had been identified on the previous inspection.
- The safe storage of spare parts and broken items was required in the maintenance store on the second floor.
- The enclosed courtyard and garden required clearing to allow for residents to use these areas safely
- Top of stairs to remain clear of hoists and other equipment.

Judgment: Substantially compliant

### Regulation 20: Information for residents

Inspectors were provided with an up-to-date resident's guide which provided clear information to residents on the services and facilities within the centre, the procedure to be followed when making a complaint and the arrangements in place for residents to receive visits from family and friends. Residents had access to a resident's guide which contained all the information required under Regulation 20.

Judgment: Compliant

### Regulation 26: Risk management

The risk management policy was available for review and it met the regulatory requirements. A risk register was in place which identified open and closed clinical and environmental risks. It was evident that the risk register was reviewed on a regular basis.

A comprehensive COVID-19 contingency plan had been developed which was regularly updated and included information on communication with families, visiting arrangements, recreational support and isolation plans for residents. There was a plan in place to respond to major emergencies.

Judgment: Compliant

### Regulation 27: Infection control

There were issues fundamental to good infection prevention and control practices which required improvement:

- Staff used plasters to attach labels to 2 hand held thermometers resulting in inadequate cleaning between uses.
- Supplies were stored on the floor of two cleaning store rooms which did not allow for adequate cleaning of these rooms and presented a risk of cross contamination
- Skirting in one cleaners room required repair to ensure adequate cleaning
- A sluice room needed to remain clear of trollies to allow access to sinks
- Repositioning of a hand wash dispenser in a sluice room closer to the sink was required

Judgment: Substantially compliant

### Regulation 29: Medicines and pharmaceutical services

Oxygen cylinders needed to be stored securely in clinical rooms to avoid the risk of the cylinders falling and being damaged. On the day of the inspection cylinders were stored on small trolleys which were not secured to the wall.

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 and within four months if there were no other changes. Residents' preferences were documented and where the resident was unable to contribute to their care plan family members were consulted. For example records detailed one resident's difficulty following allied health advice related to their care, and the measures put in place to protect the resident. Ongoing communication with family members regarding these measures was well documented.

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, referrals to allied health professionals and other medical services.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

A positive approach to managing responsive behaviours was taken by the registered provider, and as a result when residents required support they were treated with kindness and respect by staff. On reviewing case records there was evidence of the least restrictive intervention being used. For example one ABC record (Antecedent-Behaviour- Consequence chart) provided details of staff interventions to provide comfort to a resident. Medication was only offered after alternatives were trialled and when the residents refused to take the medicine, their wish was respected.

Judgment: Compliant



## Regulation 8: Protection

Inspectors saw evidence that the registered provider protected residents and ensured that staff received safeguarding training. Allegations of abuse were investigated appropriately and residents were supported to make decisions regarding their protection. The registered provider was not a financial agent for any residents in the designated centre.

Judgment: Compliant

## Regulation 9: Residents' rights

There were facilities and opportunities in the centre for residents to engage in recreation and to exercise their civil, political and religious rights. Residents had access to radio, television, national newspapers and to the Internet.

Residents' privacy and dignity was protected by staff practices. There was independent advocacy available in the centre and a regular residents' meetings were held and were well attended.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Mountpleasant Lodge OSV-0000701

Inspection ID: MON-0033657

Date of inspection: 12/07/2021

## 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 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ol style="list-style-type: none"> <li>1. Signage throughout the building has been reviewed, and in order to help residents with daily orientation, stimulating &amp; helpful signage has been placed in appropriate areas. 26.08.2021</li> <li>2. The storeroom has been cleared of broken items and all spares, tools etc are to be stored on the shelving. This area had been added to the monthly health &amp; safety walkthrough check to ensure monitoring &amp; compliance. 31.08.2021</li> <li>3. The work on the courtyard and garden will be complete. 04.10.2021</li> <li>4. The area at the top of the stairs will not be used to store hoists or other equipment. This area had been added to the monthly health &amp; safety walkthrough check to ensure monitoring &amp; compliance. 13.07.2021</li> </ol>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ol style="list-style-type: none"> <li>1. The plasters have been removed &amp; adequate cleaning between uses is now possible. 13.07.2021.</li> <li>2. All items were removed from the floor and are now stored on the shelving. This area had been added to the monthly health &amp; safety walkthrough check to ensure monitoring &amp; compliance. 13.07.2021</li> <li>3. Skirting in the household storeroom has been repaired. 19.07.2021</li> <li>4. The trollies are now stored appropriately, which allows access to sinks. This area had</li> </ol>	

been added to the monthly health & safety walkthrough check to ensure monitoring & compliance 13.07.2021  
5. The hand wash dispenser in the identified sluice room has been repositioned closer to the sink. 19.07.2021

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
--	-------------------------

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:  
The oxygen cylinders have been secured to the walls in both clinical rooms. 19.07.2021

## 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 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	04/10/2021
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	19/07/2021
Regulation 29(4)	The person in charge shall ensure that all medicinal products dispensed or supplied to a	Substantially Compliant	Yellow	19/07/2021

	resident are stored securely at the centre.			
--	---	--	--	--