

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection Report
Designated Centres under Health Act
2007, as amended**



Centre name:	Mountpleasant Lodge
Centre ID:	0701
Centre address:	Kilcock to Clane Road
	Kilcock
	Co. Kildare
Telephone number:	01-6103166
Email address:	Mountpleasant@firstcare.ie
Type of centre:	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered provider:	Firstcare Ireland Kilcock Limited
Person authorised to act on behalf of the provider:	Mervyn Smith
Person in charge:	Niamh Fitzgerald
Date of inspection:	6 August 2013
Time inspection took place:	Start: 09:40 hrs Completion: 19:00 hrs
Lead inspector:	Gary Kiernan
Support inspector(s):	N/A
Type of inspection	<input type="checkbox"/> announced <input checked="" type="checkbox"/> unannounced
Number of residents on the date of inspection:	73 + 2 in hospital
Number of vacancies on the date of inspection:	1

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by Regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of their registration.

Monitoring inspections take place to assess continuing compliance with the Regulations and Standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

Summary of compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

This inspection report sets out the findings of a monitoring inspection, in which 10 of the 18 outcomes were inspected against. The purpose of the inspection was:

- to inform a registration decision
- to inform a registration renewal decision
- to monitor ongoing compliance with Regulations and Standards
- following an application to vary registration conditions
- following a notification of a significant incident or event
- following a notification of a change in person in charge
- following information received in relation to a concern/complaint

The table below sets out the outcomes that were inspected against on this inspection.

Outcome 1: Statement of Purpose	<input checked="" type="checkbox"/>
Outcome 2: Contract for the Provision of Services	<input type="checkbox"/>
Outcome 3: Suitable Person in Charge	<input checked="" type="checkbox"/>
Outcome 4: Records and documentation to be kept at a designated centres	<input type="checkbox"/>
Outcome 5: Absence of the person in charge	<input type="checkbox"/>
Outcome 6: Safeguarding and Safety	<input checked="" type="checkbox"/>
Outcome 7: Health and Safety and Risk Management	<input checked="" type="checkbox"/>
Outcome 8: Medication Management	<input checked="" type="checkbox"/>
Outcome 9: Notification of Incidents	<input type="checkbox"/>
Outcome 10: Reviewing and improving the quality and safety of care	<input checked="" type="checkbox"/>
Outcome 11: Health and Social Care Needs	<input checked="" type="checkbox"/>
Outcome 12: Safe and Suitable Premises	<input type="checkbox"/>
Outcome 13: Complaints procedures	<input checked="" type="checkbox"/>
Outcome 14: End of Life Care	<input type="checkbox"/>
Outcome 15: Food and Nutrition	<input type="checkbox"/>
Outcome 16: Residents' Rights, Dignity and Consultation	<input type="checkbox"/>
Outcome 17: Residents' clothing and personal property and possessions	<input type="checkbox"/>
Outcome 18: Suitable Staffing	<input checked="" type="checkbox"/>

This monitoring inspection was unannounced and took place over one day. As part of the monitoring inspection the inspector met with residents, relatives, and staff members. The inspector observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files.

While areas for improvement were identified, overall the inspector found a good level of compliance with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

Arrangements were in place for the management of health and safety. However, improvements were required with regard to the implementation of the risk management policy and the provision of mandatory training for staff in fire safety and moving and handling. Improvements were also required to improve the safety of medication management practices.

The healthcare needs of residents were met and residents had good access to medical and other allied health professionals. However, improvement was required in care planning and in the provision of meaningful activities.

While adequate numbers of staff were provided the inspector had concerns about the level of nursing cover at the weekends. Staff were provided with ongoing training and development in relevant areas.

There were good systems in place to audit and review the quality of care provided. Procedures were in place to ensure all staff members were trained in elder abuse and to ensure residents were protected from harm.

These matters are discussed further in the report and in the Action Plan at the end of the report.

Section 41(1)(c) of the Health Act 2007

Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

Theme: Leadership, Governance and Management

Effective governance, leadership and management, in keeping with the size and complexity of the service, are fundamental prerequisites for the sustainable delivery of safe, effective person-centred care and support.

Outcome 1

There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

References:

Regulation 5: Statement of Purpose
Standard 28: Purpose and Function

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

There was a statement of purpose in place which had been drawn up in line with the requirements of the Regulations. It had been updated since the previous inspection to reflect changes to the management structure.

The inspector read the statement of purpose which set out and the intended aims, objectives and ethos of the centre and found that the centre was being operated in line with these statements.

Outcome 3

The designated centre is managed by a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service.

References:

Regulation 15: Person in Charge

Standard 27: Operational Management

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The arrangements for the post of person in charge met the requirements of the Regulations.

The person in charge was a registered general nurse, had the relevant necessary experience and worked full-time in the centre. She demonstrated a thorough knowledge of her role and responsibilities as outlined in the Regulations and also demonstrated good organisational skills. The person in charge had maintained her professional development. She held a post graduate diploma in dementia care and since the previous inspection had also attended additional training in dementia, computerised care planning and had completed a certificate course in leadership and management.

She was supported in her role by two clinical nurse managers (CNMs) who deputised in her absence. One of the CNMs was present throughout the inspection and participated fully in the inspection process. The CNM demonstrated a good understanding of her role and responsibilities and had also completed the leadership and management course alongside the person in charge. All documentation requested by the inspector was promptly provided.

Theme: Safe care and support

Safe care and support recognises that the safety of service users is paramount. A service focused on safe care and support is continually looking for ways to be more reliable and to improve the quality and safety of the service it delivers.

In a safe service, a focus on quality and safety improvement becomes part of a service-wide culture and is embedded in the service's daily practices and processes

rather than being viewed or undertaken as a separate activity.

To achieve a culture of quality and safety everyone in the service has a responsibility to identify and manage risk and use evidence-based decision-making to maximise the safety outcomes for service users.

Outcome 6

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse.

References:

Regulation 6: General Welfare and Protection

Standard 8: Protection

Standard 9: The Resident's Finances

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The inspector found that measures were in place to protect residents from being harmed or suffering from any form of abuse.

A detailed policy relating to the prevention, detection and response to elder abuse was in place. The policy was comprehensive and provided sufficient detail in order to guide staff on the steps to follow in the event of an allegation of abuse. The person in charge demonstrated knowledge and understanding of this policy and outlined the appropriate steps to take in the event that any allegation of abuse was made.

The person in charge stated that she routinely discussed the elder abuse policy with staff on an ongoing basis. The inspector found that staff on duty on the day of inspection, were knowledgeable with regard to their responsibilities in this area. Staff members were required to attend training annually and there was a training matrix in place which showed that this was taking place.

The inspector reviewed the systems in place for safeguarding residents' money. The centre was responsible for safekeeping money and valuables for a number of residents. A locked, safe was provided for this purpose and it was accessible to the person in charge and the administrator only. Documentation was in place to monitor and record transactions. The inspector noted that all transactions were accompanied by two signatures. The inspector checked the recorded balances for a number of residents and found them to be in order.

Outcome 7

The health and safety of residents, visitors and staff is promoted and protected.

References:

Regulation 30: Health and Safety
Regulation 31: Risk Management Procedures
Regulation 32: Fire Precautions and Records
Standard 26: Health and Safety
Standard 29: Management Systems

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

Procedures were in place to promote the health and safety of residents. However, some improvements were required to ensure that the centres risk management policy was fully implemented and all areas of risk were identified and controlled. Mandatory training for staff in fire safety and moving and handling was also identified as an area for improvement.

The inspector read the risk management policy and found that it had been drawn up in line with the requirements of the Regulations. There was also a health and safety statement and a risk register which had been reviewed since the previous inspection with the aid of an external health and safety consultant. The risk management policy required the health and safety committee to carry out ongoing identification and management of risk in the centre. However, the inspector found that these procedures were not being adhered to. For example, when new free standing furniture had been purchased, it had not been risk assessed and the risk register was not updated in line with the requirements of the policy.

The inspector reviewed the fire safety procedures and found that while there were some good systems in place, training records showed that 12 staff members had not attended annual refresher training in fire safety. The person in charge had identified this issue and a training session had been organised for these staff members in the coming weeks. All staff members spoken to by the inspector were able to describe the correct procedure to follow in the event of a fire. A number of fire drills were carried out each year and were documented. The records showed that the fire equipment including fire detection and alarm system, fire fighting equipment and the emergency lighting system were regularly serviced by an external consultant. A weekly in-house check on fire exits, fire fighting equipment and the fire alarm system was also carried out.

The training matrix showed that 19 staff members did not have up-to-date training in moving and handling. The inspector found that the person in charge was monitoring this situation and had arranged for this training to take place in the centre later in August 2013. Residents' moving and handling needs were routinely assessed and instructions for assisting residents to mobilise were available in the care planning documentation which was readily accessible to all nursing and care staff. The

inspector noted appropriate moving and handling techniques on the day of inspection and staff spoken to concerning practices in this area were knowledgeable.

Systems were in place for the recording and learning from accidents, incidents and near misses. The records detailed the action taken and the treatment given where this was required. The person in charge reviewed each accident and incident and carried out an analysis each quarter in order to identify any potential trends. The results of this analysis were discussed at the risk management meetings which were routinely held.

The centre had an emergency plan in place which was comprehensive and provided information to guide staff on the procedures to follow in the event of an emergency.

A small number of residents were smokers. There was an internal smoking room for residents located on the first floor. The person in charge discussed the safety arrangements for this area and described how some residents were provided with one-on-one supervision when smoking. Individual risk assessments were carried out for the residents who smoked in order to determine the level of assistance which they required. The inspector saw that residents had care plans in place based on these risk assessments.

Outcome 8

Each resident is protected by the designated centres' policies and procedures for medication management.

References:

Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines
Standard 14: Medication Management

Action(s) required from previous inspection:

Put in place appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents and ensure that staff are familiar with such policies and procedures.

Inspection findings

Although there was evidence of good practice in most areas of medication management, the inspector was not satisfied that adequate procedures and arrangements were in place to support care assistants to administer medication. Improvements were also required in relation to medications which required crushing.

The person in charge stated that on rare occasions the nurse prepared the residents oral medication and the care assistants administered medication under the supervision of the nurse. However, the inspector found that the centre's medication policy did not provide adequate guidance in relation to this matter. In addition to this training had not been provided to the care assistants to facilitate this practice. The inspector found that these systems did not adequately protect residents.

There was a policy in place which gave detailed guidance to staff in other areas of medication management. The inspector reviewed the prescription and medication administration records for a sample of residents and found that practice in the case of medications which required crushing was not in accordance with the centres policy and professional guidelines. There was a system in place to ensure resident's medications were reviewed on a three-monthly basis by the general practitioner (GP) in consultation with the pharmacist and nursing staff.

The inspector observed and discussed medication management practices with the nurse on duty. Each medication administered was recorded and signed and the nurse was knowledgeable with regard to the procedure to follow if a resident refused medications. Records showed the majority of staff had received training in medication management in 2013 and there was a plan in place for the remaining staff to complete this.

Medications were stored appropriately. There were appropriate procedures for the handling and disposal of unused and out of date medicines. Medication error forms were readily available and staff were knowledgeable with regard to the appropriate procedure to follow in the event of a medication error. The inspector reviewed a sample of completed medication error forms and found issues identified had been promptly acted upon in consultation with the pharmacist and learning outcomes were communicated to all nursing staff.

Medications that required strict control measures (MDAs) were carefully managed and kept in a secure cabinet in keeping with professional guidelines and the centre's policy. Nurses kept a register of MDAs. The stock balance was checked and signed by two nurses at the time of administration and change of each shift. The inspector checked the balances and found them to be correct.

Theme: Effective care and support

The fundamental principle of effective care and support is that it consistently delivers the best achievable outcomes for people using a service within the context of that service and resources available to it. This is achieved by using best available national and international evidence and ongoing evaluation of service-user outcomes to determine the effectiveness of the design and delivery of care and support. How this care and support is designed and delivered should meet service users' assessed needs in a timely manner, while balancing the needs of other service users.

Outcome 10

The quality of care and experience of the residents are monitored and developed on an ongoing basis.

References:

Regulation 35: Review of Quality and Safety of Care and Quality of Life
Standard 30: Quality Assurance and Continuous Improvement

Action(s) required from previous inspection:

The action required from the previous inspection was satisfactorily implemented.

Inspection findings

The inspector found that systems were in place to ensure that the quality of care given to residents was monitored, developed and improved on an ongoing basis. The person in charge gathered and analysed a range of information relating to high risk areas such as falls, pressure ulcers and infections on a monthly basis. A monthly report was produced in order to monitor these issues and identify any trend.

Centre-specific audit tools were in use and there was an audit schedule for the year. Audits were being completed on several areas such as care planning, medication, use of restraint and health and safety issues. There was evidence of improvements being identified following these audits. The previous inspection found that systems were not in place to communicate learning outcomes to the staff following audits. The inspector found that this issue had been addressed. For example, following recent audits the person in charge had set up one-to-one meetings with each member of the nursing staff in order to communicate and discuss common themes and areas for improvements. A record of these meetings was maintained.

The previous inspection also identified the need to improve systems for consultation with residents with regard to the quality of care and their experience of living in the centre. The inspector found that this issue had been addressed. The resident's committee was more active and met more frequently. Issues raised by residents were promptly addressed. A number of advocates now visited the centre and the person in charge used this service to ensure there was consultation and representation for residents who had dementia. A series of meetings had also been held in the centre for residents and relatives on the topic of dementia care.

Outcome 11

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

References:

Regulation 6: General Welfare and Protection
Regulation 8: Assessment and Care Plan
Regulation 9: Health Care
Regulation 29: Temporary Absence and Discharge of Residents
Standard 3: Consent
Standard 10: Assessment
Standard 11: The Resident's Care Plan
Standard 12: Health Promotion
Standard 13: Healthcare
Standard 15: Medication Monitoring and Review
Standard 17: Autonomy and Independence
Standard 21: Responding to Behaviour that is Challenging

Action(s) required from previous inspection:

The action required from the previous inspection was satisfactorily implemented.

Inspection findings

The inspector found that residents' healthcare needs appeared to be met. However, improvements were required in the care planning process and the provision of meaningful activities and social engagement for all residents.

At the time of inspection the care planning system was in the final stages of being upgraded to a new computerised system. The majority of care plans had been transferred onto the new system and were being used by the staff. The inspector found that nursing and care staff members were knowledgeable about the new system and had received appropriate training. However, a system had not been put in place to check that all the appropriate information had been transferred from the paper records to the new system. The inspector noted that in some cases care plans for residents' identified needs had not been transcribed to the new system. There were also examples of where important information such as instructions from the dietician had not been included in the new computerised care plans. The inspector found that while staff were knowledgeable about these instructions and were implementing them in practice, the inaccurate care planning documentation could lead to inconsistent care for residents.

The inspector was not satisfied that residents were consulted with when there was a review of their care plan. Staff members stated that they updated residents and discussed care plans on a three-monthly basis. However, the available documentation did not demonstrate that residents were actively involved in the development of their individualised care plans.

Appropriate medical and allied health care was available. Residents had good access to GP services and out-of-hours medical cover was provided. Residents had access to a number of other allied health services including physiotherapy, speech and language therapy (SALT), dietetic services and psychiatry of old age. Chiropractic, optical and dental services were also available to residents. The inspector reviewed residents' records and found that results of appointments were written up in the residents' notes.

The inspector reviewed the management of clinical issues such as wound care, nutritional care, falls management, dementia care including the management of behaviours that challenge and the use of restraint and found they were well managed in accordance with robust policies.

The inspector was not satisfied that the social care needs of all residents were consistently met. There was evidence that social care assessments had been carried out. However, these assessments were not consistently reviewed and updated. Individualised social care plans, based on these assessments, were absent for a

number of residents and as a result there was an absence of information as to how these residents liked to spend their day.

The inspector noted that while this lack of documentation could lead to poor outcomes for some residents, some good practices were noted in relation to the provision of meaningful engagement. This was particularly evident in relation to residents who had dementia. The provider and person in charge were in the process of implementing a dementia project to improve the service and environment for residents who had dementia. The provider was working with an external consultant to implement this project and introduce an evidence-based approach to the provision of activities for this group. This resulted in the involvement of some residents in domestic and maintenance activities which they enjoyed such as gardening, maintenance and folding clothes. The inspector spoke to the full time social care leader who discussed the activities programme. There was a range of activities on offer such as live music, card playing, bingo and tea dances. Individual activities for those residents who required this included pet therapy, hand massage and one on one reminiscence therapy. The inspector met with a number of residents and relatives who stated that they were satisfied with the range of activities on offer.

Theme: Person-centred care and support

Person-centred care and support has service users at the centre of all that the service does. It does this by advocating for the needs of service users, protecting their rights, respecting their values, preferences and diversity and actively involving them in the provision of care. Person-centred care and support promotes kindness, consideration and respect for service users' dignity, privacy and autonomy.

Outcome 13

The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

References:

Regulation 39: Complaints Procedures
Standard 6: Complaints

Action(s) required from previous inspection:

The actions required from the previous inspection were satisfactorily implemented.

Inspection findings

There was evidence of satisfactory practice in the area of complaints management.

The centre's complaints procedure was clearly displayed and it included an independent appeals process. The person in charge demonstrated a positive attitude towards complaints and all issues raised through the complaints process were discussed each month with the director of operations, who was also responsible for overseeing the operation of the complaints process.

The complaints log was read and the inspector found evidence of good complaints management, including a record of the complainant's level of satisfaction with the outcome of a complaint investigation. New documentation had been introduced since the previous inspection in order to monitor complaints which required ongoing monitoring over a period of time. The inspector saw that this documentation was being maintained up-to-date and the person in charge stated that these records helped to improve the overall management of complaints in the centre.

Theme: Workforce

The workforce providing a health and social care and support service consists of all the people who work in, for, or with the service provider and they are all integral to the delivery of a high quality, person-centred and safe service. Service providers must be able to assure the public, service users and their workforce that everyone working in the service is contributing to a high quality safe service.

Outcome 18

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

References:

Regulation 16: Staffing
Regulation 17: Training and Staff Development
Regulation 18: Recruitment
Regulation 34: Volunteers
Standard 22: Recruitment
Standard 23: Staffing Levels and Qualifications
Standard 24: Training and Supervision

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The inspector found evidence on this inspection of good practice in relation to the recruitment of staff and the level of staffing. However, the number and skill mix of staff at the weekends required review.

There was 24 hour nursing cover. The centre is over two floors with 75 residents of varying dependency levels. The inspector found that there was four nursing staff on duty from 8am to 2pm from Monday until Friday. However, nursing cover for the same periods at the weekends had been reduced to just two nurses, one for each floor in the centre. The inspector had concerns that this level of nursing cover was not adequate. The person in charge could not demonstrate how she had assessed these revised arrangements using a validated tool and having regard to the

dependencies of the residents. There was also concern that these staffing arrangements did not provide adequate supervision of residents during the medication rounds. Staff told the inspector that the medication round was carried out by two nurses and took approximately three hours on each floor. The inspector was concerned that while the medication rounds were ongoing at the weekend there was insufficient nursing staff to supervise and deliver care.

There was a comprehensive written operational staff recruitment policy in place. A sample of staff files was reviewed and the inspector noted that the required documentation was in place in line with the requirements of Schedule 2 of the Regulations. The inspector requested the An Bord Altranais agus Cnáimhseachais na hÉireann registration numbers for all nursing staff and found that all were in place.

Staff members were encouraged to maintain their continued professional development. A training schedule was in place and staff stated they were encouraged to attend courses. There was a system in place to carry out formal staff appraisals on an annual basis. The records showed that training had been provided for staff in relevant areas such as behaviours that challenged, dementia, nutrition, infection control and cardio pulmonary resuscitation (CPR) training.

No volunteers were attending the centre at the time of inspection. The person in charge was aware of the appropriate documentation requirements for any future volunteers.

Closing the visit

At the close of the inspection visit a feedback meeting was held with the director of operations and the person in charge to report on the inspector's findings, which highlighted both good practice and where improvements were needed.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, provider and staff during the inspection.

Report compiled by:

Gary Kiernan
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

13 August 2013

Provider's response to inspection report *

Centre Name:	Mountpleasant Lodge
Centre ID:	0701
Date of inspection:	6 August 2013
Date of response:	28 August 2013

Requirements

These requirements set out the actions that must be taken to meet the requirements of the Health Act 2007 as amended, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

Theme: Safe care and support

Outcome 7: Health and safety and risk management

The provider is failing to comply with a regulatory requirement in the following respect:

The risk management policy was not implemented in full.

Staff did not have up-to-date training in fire safety and moving and handling.

Action required:

Put in place a comprehensive written risk management policy and implement this throughout the designated centre.

Action required:

Provide suitable training for staff in fire prevention.

* The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

Action required:	
Provide training for staff in the moving and handling of residents.	
Reference:	
Health Act, 2007 Regulation 31: Risk Management Procedures Regulation 32: Fire Precautions and Records Standard 26: Health and Safety Standard 29: Management Systems	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: As evidenced during the inspection there were training sessions booked for any staff that required updating of their fire and manual handling training and all of those trainings sessions have since taken place. We have reviewed the risks presented throughout the home and the risk management assessments are up-to-date and in keeping with our policy.	Completed

Outcome 8: Medication management

The provider is failing to comply with a regulatory requirement in the following respect:	
Procedures for the administration of medications by health care assistants were not satisfactory. Procedures for the administration of crushed medications were not satisfactory.	
Action required:	
Put in place appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents and ensure that staff are familiar with such policies and procedures.	
Reference:	
Health Act, 2007 Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines Standard 14: Medication Management	
Please state the actions you have taken or are planning to take with timescales:	Timescale:

<p>Provider's response:</p> <p>The medication policy has been reviewed and amended; the principles of delegation according to An Bord Altranais Scope of Practice guidelines have been included in it. The changes have been brought to the attention of both nurses and care staff to ensure clarity of responsibility and accountability with regard to all aspects of delegating medication administration to a care staff.</p> <p>Residents who are receiving crushed drugs have been reviewed in keeping with FirstCare policy and changes made where indicated. This was carried out on the day of inspection.</p>	<p>Completed</p>
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Theme: Effective care and support

Outcome 11: Health and social care needs

<p>The provider and person in charge are failing to comply with a regulatory requirement in the following respect:</p> <p>Resident information transferred to the new computerised system was not complete.</p> <p>All resident's identified needs were not addressed in the care planning documentation.</p> <p>Residents were not consistently consulted with regard to the development of their care plans.</p> <p>Improvements were required in the provision of meaningful activities for some residents.</p>
<p>Action required:</p> <p>Set out each resident's needs in an individual care plan developed and agreed with the resident.</p>
<p>Action required:</p> <p>Revise each resident's care plan, after consultation with him/her.</p>
<p>Action required:</p> <p>Provide opportunities for each resident to participate in activities appropriate to his/her interests and capacities.</p>
<p>Reference:</p> <p>Health Act, 2007 Regulation 6: General Welfare and Protection</p>

Regulation 8: Assessment and Care Plan Standard 10: Assessment Standard 11: The Resident's Care Plan Standard 13: Healthcare	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: The home had a team of staff actively working on transcribing the hard copy care plans to a computerised system on the day of the inspection. This process is now almost complete and we have commenced auditing the transcriptions to ensure no relevant care plan was missed. During the transition period we continued to use the hard copy files as appropriate.	End of September 2013
Residents and families will continue to be involved in the development of the care plans where possible and the quarterly review summary will be utilised to facilitate the review meeting with the resident or family.	Ongoing
Social activity and engagement continues to be a high priority in Mountpleasant and we have recently had a consultant from the UK review social activities in all our homes across the company. We are working through her recommendations and continue to communicate with her. We will ensure that all residents social care needs and preferences are identified and agreed with them or their next of kin. There is an ongoing project with two external training companies working with us since January 2013 to promote individualised meaningful social activities for residents and frequent training and consultancy to staff. FirstCare will continue to support and train the staff to engage meaningfully with residents by providing further training sessions and ongoing mentoring and consultancy days in the months to come and by promoting a culture of person-centred care.	Ongoing
All identified needs are currently being addressed.	

Theme: Workforce

Outcome 18: Suitable staffing

The person in charge is failing to comply with a regulatory requirement in the following respect:

The levels and skill mix of staff required review in order to ensure they met the needs of residents at all times.

Action required:	
Ensure that the numbers and skill mix of staff are appropriate to the assessed needs of residents, and the size and layout of the designated centre.	
Reference:	
Health Act, 2007 Regulation 16: Staffing Standard 23: Staffing Levels and Qualifications	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>We regularly review the dependency levels of our residents and the skill mix of our staff and make adjustments as required. FirstCare are currently working with Dementia Care Matters UK and environmental and structural changes are planned for Mountpleasant Lodge in the coming months. These planned changes bring with them restructuring and increases to staffing levels in the home. In the interim and in order to maintain the standard of care in Mountpleasant Lodge an additional Nurse will be rostered at the weekends. Currently the CNM's are rostered on duty on alternate weekends ensuring adequate skill mix seven days a week. We feel confident with these changes that we are providing adequate numbers and skill mix appropriate to the assessed needs of the residents and the size and lay out of the nursing home. This new staffing level will be reviewed as part of the overall plan concerning restructuring and environmental changes planned for Mountpleasant Lodge during 2014.</p> <p>Mervyn Smith Registered Provider 29 August 2013</p>	Completed