<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Mountpleasant Lodge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000701</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Kilcock to Clane Road, Kilcock, Kildare.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>01 610 3166</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:mpladmin1@firstcare.ie">mpladmin1@firstcare.ie</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>FirstCare Ireland Kilcock Limited</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Mervyn Smith</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Louise Renwick</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Unannounced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>74</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>7</td>
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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 his/her 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
- to carry out thematic inspections in respect of specific outcomes
- 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. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.
Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 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, the purpose of which was to monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

<table>
<thead>
<tr>
<th>From:</th>
<th>To:</th>
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<tbody>
<tr>
<td>06 November 2014 11:45</td>
<td>06 November 2014 17:40</td>
</tr>
</tbody>
</table>

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

| Outcome 14: End of Life Care
| Outcome 15: Food and Nutrition

**Summary of findings from this inspection**

This inspection report sets out the findings of a thematic inspection which focused on two specific outcomes, end of life care and food and nutrition. In preparation for thematic inspections, providers attended an information seminar, received evidenced based guidance and undertook a self–assessment in relation to both outcomes. The inspector reviewed survey questionnaires which relatives submitted to the Authority prior to the inspection. The inspector met residents and staff and observed practice on inspection. Documents were also reviewed such as policies and procedures, training records and care plans. Using the self-assessment tool, the centre had judged themselves as having moderate non-compliances in relation to both outcomes, and had identify actions needed to rectify this as part of the self assessment.

The inspector found compliance with the Health Act 2007(Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and National Quality Standards for Residential Care Settings for Older People in Ireland. This was reflected in positive outcomes for residents, which were confirmed by residents and relatives and evidenced throughout the inspection. The inspector found compliance in these two outcomes on the day of inspection, due to the improvements that had been put in place over the past seven months.

Questionnaires were received from three relatives of deceased residents which showed that in general families were very satisfied with the care given to their loved ones at the end of their lives. Care plans were reviewed and found to discuss and record residents' preferences in this area. Care delivered to residents at the end of their lives was well documented, and outlined the physical, emotional and spiritual support offered to residents and families in their final days.
The nutritional needs of residents were met to a good standard. Food was nutritious, varied and in ample quantities. All food was prepared and cooked on site by an external company, was in general made from scratch, with little usage of pre-made or processed foods. There was a rolling menu in place which offered plenty of choice, and had been assessed by a dietician. Residents’ nutritional needs were assessed regularly and their preferences were recorded and facilitated. There was a good standard of nutritional assessment, monitoring and care planning and residents had very good access to their general practitioner (GP) and allied health professionals such as the dietician and speech and language therapist, where required. Residents provided feedback to the inspector, regarding food and nutrition, which was very positive. The mealtime experience was observed to be an unhurried, relaxed and social occasion. The inspector was present for lunch and tea, and found that residents were supported where necessary, with encouragement to be as independent as possible.

Findings are discussed further in the report. There were not actions generated as a result of this inspection.
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 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 14: End of Life Care
Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The inspector found that residents received care at the end of his/her life which met their physical, emotional, social and spiritual needs and respected their dignity and autonomy.

The inspector found that the operational policies had been improved upon and updated, and provided guidance to staff on all areas of end of life care. For example, advanced care planning, palliative comfort care planning, right to refuse treatment, the practical care of a resident's body following death, and also included the arrangements for the return of personal belongings to their next of kin. All policies and procedures were online and easily available to all staff. Management could gain assurances from an online report that all staff had read the policies, and spent enough time viewing them.

The inspector reviewed the files of recently deceased residents and found that appropriate care had been given at the end of their lives to meet residents changing needs. Care and support offered to residents as they passed away was holistic, and met the preferences and wishes of the individual. For example, amending the type and frequency of meals and fluids, offering subcutaneous fluids, access to syringe driver for pain medication, or anointing by a priest in the final days. The nursing notes and care plans evidenced good access to the General Practitioner (GP), allied health care professionals, and a palliative care team where necessary. The inspector found evidence of contact with residents' representative of their chosen faith in their final days leading to their death. Residents with religious requirements had these clearly outlined and facilitated through person centred care plans. On review of these files, the inspector found evidence that families were consulted in all aspects of care, were kept up to date of the residents' condition, and were offered support and refreshments from the full team. Relative questionnaires reflected this positive finding also. Residents' wishes for their remains after death, had also been discussed and supported. For example, one resident had requested to donate their body to science, and another resident with a degenerative disorder donated their brain for medical research. This was clearly documented in the care plans and discussed with families.
On review of a number of care plans for current residents, the inspector found that residents preferences in relation to their end of life wishes were noted and discussed, and staff were actively engaging in this discussion on a regular basis. The inspector was satisfied that a culture of discussion and recording of end of life preferences had been established in the designated centre. Documentation in relation to residents' wishes not to be transferred to hospital, or not to be resuscitated in the event of cardiac arrest were clearly outlined, and consented by the residents' GP and other members of the clinical team.

All resident bedrooms in this centre are single rooms. This ensures privacy and dignity for residents as they approach end of life, or should a residents' health deteriorate. The centre had a large room available with a sofa bed to offer families should they wish to stay overnight to be close to their relatives at end of life. The centre had a reflection room which was available for families and residents to use if they wished. There was a large lift also in the centre, which ensured discreet and dignified removal of a residents' body following death.

The self assessment questionnaire completed in March, outlined that 35 residents had passed away in the past two years. With 28 dying in the nursing home, and only seven in acute hospital settings. Staff had received training in subcutaneous fluids, and were supported by the palliative care team to use syringe drivers to enable them to assist residents to die at home in the centre.

On review of the training records, the inspector found that the nursing staff had received training in palliative care and end of life, with four nurses booked to attend training this month also. All other staff had been trained in the extensive policies and procedures for End of Life at a internal training session.

**Judgment:**
Compliant

**Outcome 15: Food and Nutrition**

*Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.*

**Theme:**
Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
The inspector found that residents' individual nutritional and dietary needs were identified and met within the designated centre. There was a selection of policies in place in relation to food and nutrition, and the monitoring and documenting of nutritional intake. The inspector review a a sample of residents' care plans for residents
who were at risk of malnutrition, or had specific dietary needs such as restricted diets, or diabetes. The inspector was satisfied that these policies was implemented in practice, with evidence of monthly malnutrition assessments carried out, monthly weight recording, and nutritional care plans in place to guide staff on the support necessary for particular nutritional needs. There was evidence of access to the dietician and speech and language therapist were required. These care plans were evidenced as being reviewed and updated regularly.

The inspector found that there was access to fresh drinking water at all times, snacks and beverages. The inspector spoke with a selection of residents, who all expressed satisfaction with the quality and quantity of food available in the designated centre, and the experience offered at meal times. Surveys carried out regularly by staff and the external catering company confirmed this satisfaction also. On the day of inspection, the inspector dined with residents for lunch, and observed tea. There were numerous dining areas throughout the building for residents, which were decorated to look like small kitchens in a regular house. The inspector observed small groups of residents and staff dining together, and staff were attentive to the needs and personalities of residents. These smaller more personable settings were favourable for residents with dementia. Residents who required support at meal times, were observed to be supported in a person centred way on the day of inspection. Residents were observed to be encouraged to be as independent as possible with regards to their meals. The food on offer was well presented, served hot and appeared appetising. Residents were observed to be offered second servings throughout the meal.

On discussion with the catering manager and chef and on review of the menus and dietician audit, the inspector was satisfied that food was wholesome and nutritious. Food was all prepared and cooked in house, with little reliance of pre-packed, frozen or processed foods. Residents on alternative consistency diets had the same choice as those on a normal diet, and had these presented in an appetising and appropriate way. There was no resident on tube feeding on the day of inspection.

The inspector found that the kitchen staff had clear knowledge on the dietary needs of residents including their requirements for modified diets where required. Information on residents' individual needs was available in the kitchen, updated regularly, and the inspector found it to be in line with the information outlined in the residents' care plans. The inspector was satisfied that residents were provided with a nutritious and varied diet.

**Judgment:**
Compliant
Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Louise Renwick
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority