<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Mountpleasant Lodge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-000701</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:mountpleasant@firstcare.ie">mountpleasant@firstcare.ie</a></td>
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<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>John O'Donnell</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Sheila McKevitt</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>Sonia McCague</td>
</tr>
<tr>
<td>Type of inspection:</td>
<td>Unannounced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>69</td>
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<tr>
<td>Number of vacancies on the date of inspection:</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, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 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 ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times
From: 26 May 2016 10:00  
To: 26 May 2016 17:00

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

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Our Judgment</th>
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<tbody>
<tr>
<td>Outcome 02: Governance and Management</td>
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<tr>
<td>Outcome 04: Suitable Person in Charge</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 05: Documentation to be kept at a designated centre</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 07: Safeguarding and Safety</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 08: Health and Safety and Risk Management</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 09: Medication Management</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 10: Notification of Incidents</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 11: Health and Social Care Needs</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 13: Complaints procedures</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 15: Food and Nutrition</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 18: Suitable Staffing</td>
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</table>

Summary of findings from this inspection
This monitoring inspection was the first in the centre since June 2015. Improvements were noted since the last inspection.

The 81 bedded centre is spread over two floors.

The management structure had changed since the last inspection. There was a newly appointed person in charge who was settling into her role. She was supported in her role by the Provider Nominee (PN), Compliance and Quality Manager (CQM), Operations Manager (OM), Clinical Bed Manager (CBM) and a Clinical Nurse Manager (CNM). An annual review of the quality and safety of care delivered to residents was available for review, residents input was included. However, the audits reviewed were not comprehensive and required improvement to ensure improved outcomes for residents'.

Residents and relatives spoken to throughout the inspection expressed satisfaction
with the level of service they were receiving and services provided to them. There was a noticeable improvement in the provision of internal, external and inclusion of residents' with dementia in activities. Staffing levels and skill mix on the day of this unannounced inspection were good. Staff appeared to be meeting residents' needs in a holistic and person centred way.

Some actions appearing on this report re repeated from the last inspection in June 2015 as they have not been addressed. Inspectors found that the nursing and medical care needs of residents were met. However, residents' were not having there condition re-assessed when there was a major change in their condition or when they returned from a hospital stay. Also, some care plans were not reflective of residents' care needs. Practices such as the use of restraint were not in line with the National policy and required review to ensure a restraint free environment was promoted in line with best practice.

The action plans at the end of this report reflect the regulations not met on this inspection.
Outcome 02: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
There was a clearly defined management team with management systems in place to ensure that the service provided was safe, appropriate to residents' needs, consistent and effectively monitored.

There were a number of new appointments to the management team since the last inspection. HIQA had been notified of the recent change in the person in charge, who was met on inspection. She was supported in her role by the Provider Nominee (PN), Compliance and Quality Manager (CQM), Operations Manager (OM), Clinical Bed Manager (CBM) and one of two Clinical Nurse Managers. Inspectors were told that the second clinical nurse managers' post had just been filled however, the new employee had not yet commenced employment. Inspectors observed the team having clear roles and responsibilities in supporting the provider nominee and person in charge.

Different aspects of clinical practice including aspects of medication management such as the use of psychotropic medications' and care plans were being audited. However, the audits reviewed were not comprehensive. Inspectors noted that evidence based audit tools were not being used to audit practice and audits were not being carried out on a consistent basis. Audit results identified areas of good practices and those requiring improvement however, where the need for improvement was identified, an action plan was not in place to reflect how, when and by whom these improvements would be actioned. Hence, there was no evidence that the auditing of practices were leading to improved outcomes for residents'.

An annual review looked at the quality of care delivered in 2015. There was evidence of residents and families being involved in this review. A copy of this document was on display at reception.
There were enough resources to ensure the effective delivery of care, as described in the statement of purpose.

**Judgment:**
Substantially Compliant

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### Outcome 04: Suitable Person in Charge

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

**Theme:**
Governance, Leadership and Management

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

**Findings:**
The person in charge (PIC) was on duty during the inspection. She commenced in her role as person in charge of the centre on the 3 May 2016. Inspectors requested that she submit further details of her previous employment to enable them to determine if her nursing experience included 3/6 years of working with older people. Inspector saw evidence that she was contracted to work fulltime, is a registered disabilities nurse and had completed a module in management when completing her Masters in Palliative Care. Residents' spoken with were aware of the change in person in charge.

**Judgment:**
Substantially Compliant

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### Outcome 05: Documentation to be kept at a designated centre

**The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.**

**Theme:**
Governance, Leadership and Management

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

**Findings:**
The actions from the last inspection report were followed up and inspectors found that
all these had been addressed.

The risk management policy had been reviewed and clearly outlined what observations were to be carried out if a resident hit their head or had an unwitnessed fall. A system had been put in place to record non-verbal complaints on each floor of the centre. This system appeared to be working well this is discussed further under outcome 13.

A sample of contracts of care and staff files were reviewed and these were found to be compliant.

**Judgment:**
Compliant

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**Outcome 07: Safeguarding and Safety**

*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. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.*

**Theme:**
Safe care and support

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
Inspectors found that improvements had been made under this outcome since the last inspection.

A review of incidents showed that all alleged incidents of abuse had been reported to HIQA. These had been investigated and appropriate actions taken when deemed necessary. Records reviewed showed all staff had up-to-date training in the protection, detection and prevention of elder abuse. Those staff spoken with had a clear understanding of the protection, detection and prevention of elder abuse policy.

Bed rails were used as a form of restraint for a number of residents'. The centres restraint policy referenced the National Policy 2011 "Towards a Restraint Free Environment". Although there were some forms of alternative equipment available such as alarm mats and crash mattresses, those trialled, tested and failed were not always reflected on the restraint assessment forms prior to a decision being made to use bed rails as a form of restraint. Hence, practice did not reflect the National Policy 2011 "Towards a Restraint Free Environment".

Records of residents' displaying responsive behaviours at the time of this inspection were reviewed. Inspectors saw that psychotropic medications were not always used as a last resort to manage these behaviours. Recording tools were being used to record the
frequency, time and behaviours displayed by residents', this enabled trends and possible triggers to be identified. However, these triggers and the de-escalation techniques used were not always reflected in the residents' care plan. The times that PRN (as required) psychotropic medications were signed as having been administered did not always coincide with a recorded incident of a responsive behaviour. Hence, a clear rationale for administering psychotropic medications was not always evident. Also, where a resident was prescribed two PRN (as required) medications to treat a responsive behaviour the care plan did not identify which medication was to be administered first by staff. This had been identified during a recent audit of the use of psychotropic medications, however, an action plan had not been put in place to address this finding.

Judgment:
Non Compliant - Moderate

| Outcome 08: Health and Safety and Risk Management |
| The health and safety of residents, visitors and staff is promoted and protected. |

| Theme: |
| Safe care and support |

| Outstanding requirement(s) from previous inspection(s): |
| The action(s) required from the previous inspection were satisfactorily implemented. |

| Findings: |
| Measures and actions in place to control all identified risks appeared to be fully implemented and effective in practice. |

Appropriate infection control practices were in place throughout the centre and staff were observed following good hand hygiene practices.

Closed circuit television cameras were in place in some communal rooms and corridors. Although, there was a policy in place covering their use, notices informing residents’, staff and relatives of their use were not in place on the first floor.

The risk management policy was available for review and it was in compliance. Inspectors found that measures were in place whereby the risk register was updated and reviewed on a continuous basis. Accidents and incidents were also reviewed and appropriate actions were now being taken to prevent accidents re-occurring. Residents were being supervised when mobilising as and when required.

Inspectors observed that residents' who had unwitnessed falls did not have neurological observations completed in line with the centres accident and incident policy or in line with best practice.

Judgment:
Substantially Compliant
Outcome 09: Medication Management
Each resident is protected by the designated centre’s policies and procedures for medication management.

Theme:
Safe care and support

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

Findings:
There were written operational policies and procedures in place in the centre relating to the ordering, prescribing, storing and administration of medicines. During the inspection of the centre on 30/6/2015 inspectors had identified issues relating to the crushing of medicines in the centre. The action plan submitted to address this issue had not been fully implemented.

Inspectors saw all medicines were stored securely within the centre on medication trolleys or securely within a locked clinical room. There was a fridge available for all medicines or prescribed nutritional supplements that required refrigeration. All controlled (MDA) medicines were stored in a secure cabinet, and a register of these medicines was maintained with the stock balances checked and signed by two nurses at the end of each working shift.

Inspectors observed nursing staff administering medicines to residents as part of one of the medication rounds in the centre. The inspectors reviewed the processes in place for administration of medicines, and were satisfied that nurses were knowledgeable regarding residents’ individual medication requirements and followed professional guidelines. Nursing staff were observed to safely administer medicines and in a person centred manner. There were procedures in place for the handling and disposal of unused and out of date medicines.

Inspectors reviewed a number of the prescription and administration sheets and identified a number of residents required their medicines to be crushed prior to administration and this was documented at the front of the prescription charts. The prescriber had not consistently indicated that crushing was authorised for each individual medicine on the prescription sheet.

Residents' prescribed medicines were reviewed as part of the medical reviews conducted by the GP’s.

Judgment:
Substantially Compliant

Outcome 10: Notification of Incidents
A record of all incidents occurring in the designated centre is maintained and,
where required, notified to the Chief Inspector.

**Theme:**
Safe care and support

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
Inspectors cross referenced notifications submitted to the Authority since the last inspection with records of all accidents and incidents recorded in the centre. All reportable accidents and incidents had been notified to the Authority by the person in charge in a timely manner.

**Judgment:**
Compliant

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**Outcome 11: Health and Social Care Needs**

*Each resident’s wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. 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.*

**Theme:**
Effective care and support

**Outstanding requirement(s) from previous inspection(s):**
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**
Inspectors were satisfied that each resident’s wellbeing and welfare was maintained by an appropriate standard of nursing care, medical and allied health care. However, assessments and care plans reviewed were not always reflective of the residents' current status and/or updated to reflect all recommendations from allied health care professionals. Inspectors found improvements had been made to the social aspect of residents' lives.

Residents’ needs were comprehensively assessed on admission and these assessments were reviewed on a four monthly basis thereafter. However, if a residents’ condition changed within the four month review period their assessments' were not updated to reflect these changes. Inspectors found that one resident who had recently returned from an acute hospital stay had not been comprehensively re-assessed on return to the centre. Therefore, residents' assessed needs were not always reflected in their individual
care plans. Although, some care plans reviewed were of a good standard and were person centred others such as care plans directing care for manual handling, end of life care and food and nutrition were not reflective of the residents’ current care needs. Inspectors also found that care plans were not consistently updated with all recommendations following review by an allied healthcare professional such as dietician or physiotherapist.

Residents had good access to general practitioner (GP) services, and GP's attended the centre on a regular basis. Residents had access to a range of allied health professionals including physiotherapists, occupational therapists, chiropodists, speech and language therapists and dieticians. Residents also had access to tissue viability specialist nurses and to services such as psychiatry of old age.

Inspectors reviewed records maintained by staff the residents' daily progress. The daily progress notes reviewed on a sample of residents' were not reflecting on the residents' care plans and therefore did not give a clear evaluation of the residents' condition on a daily basis.

The activities programme in place in the centre had improved since the last inspection. Inspectors observed residents including those with dementia actively being involved in 1:1, small and large groups of activities. These included reading, playing cards with residents', hand massage and music sessions. Dedicated activities staff and care staff were consistently observed throughout the centre engaging with resident in a calm, quite and gentle manner. Residents' were being facilitated to integrate into the local community. They told inspectors that a number of them were accompanied to Mass in the parish church up to four mornings per week and to a coffee in the local coffee shop afterwards. Another small group of residents' had joined a choir in Naas and were involved in local events. Residents' had participated in the local St Patricks day parade for which they won first prize for best float.

The enclosed safe and secure garden had also been redeveloped. It had several areas of interests including a bird house, water feature and seating areas.

Judgment:
Non Compliant - Moderate

Outcome 13: Complaints procedures
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.

Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.
**Findings:**
Inspectors found that complaints were now being managed well. There was a complaints policy on display in the centre.

The complaints file was reviewed and inspectors saw records of each complaint/issue reported to them. Records of each complaint investigation, outcome of each complaint and complainants level of satisfaction was being recorded.

The complaints policy required review as it did not meet the legislative requirements, it did not name a person responsible for over seeing complaints and it referred complainants to HIQA if not satisfied with their outcome. As HIQA do not have the authority to investigate individual complaints this information is not accurate.

**Judgment:**
Substantially 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:**
Residents' had a choice at each mealtime and their nutritional needs appeared to be met.

Inspectors observed lunch being served to residents' in a number of dining rooms. Staff were available to assist and appeared to do so in an unrushed manner. There was a good number of staff available to supervise in the dining rooms however, where residents have been identified as at high risk of choking, the skill mix of staff supervising mealtimes may need to be reviewed. Each resident was offered a choice of meal and drink. A variety of cold drinks were available including water and inspectors saw a number of newly installed water coolers were now accessible to residents'.

Inspectors did notice a high volume of noise in one dining room this was discussed within the management team at verbal feedback given at the end of this inspection.

There was evidence of consultation with residents' regarding their food choices and preferred diets. Residents' had brought up issues about the temperature of food when delivered to some dining rooms. Inspectors were informed and saw that a hot box had been installed in the kitchenettes and temperature of food served was being recorded.
**Outcome 18: Suitable Staffing**

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. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

**Theme:**

Workforce

**Outstanding requirement(s) from previous inspection(s):**

**Findings:**

There were sufficient numbers of staff with the right skills, qualifications and experience to meet the assessed needs of the residents in the centre at the time of this inspection.

The person in charge informed inspectors that they had actively recruited to fill the vacant staff nurses posts and the one clinical nurse manager post. Three pre-registration students were starting shortly in the centre and one was working as a health care assistant while awaiting registration with Bord Altranais agus Cnáimhseachais na hÉireann. Inspectors were informed that once these staff were registered the centre would have a full complement of staff.

There was an actual and planned staff rota, these rosters reflected the name and role of each staff member on duty.

Records submitted and reviewed confirmed that staff had mandatory education and training in place.

Staff meetings were held and minutes of these meetings were available for review. Staff also confirmed that they attended these meetings. The management team had sourced a revised appraisal template for staff appraisals in 2016, this process had not yet commenced for 2016. A sample of staff files reviewed contained all the required documents.

**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:

Sheila McKeivitt
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report

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<thead>
<tr>
<th>Centre name:</th>
<th>Mountpleasant Lodge</th>
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<td>OSV-0000701</td>
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<tr>
<td>Date of inspection:</td>
<td>26/05/2016</td>
</tr>
<tr>
<td>Date of response:</td>
<td>06/07/2016</td>
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Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure 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.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 02: Governance and Management

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Audits conducted to date did not clearly identify what was being done with the audit results to ensure improved outcomes for residents.

1. Action Required:
Under Regulation 23(c) you are required to: Put in place management systems to ensure that the service provided is safe, appropriate, consistent and effectively

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Please state the actions you have taken or are planning to take:
All audits used within Mountpleasant Lodge are being reviewed to include an action plan and a lessons learned section. Audits are discussed in detail monthly between the Home Manager and Operations Team. This will ensure there will be evidence to show the changes made as a result of the findings of the audits and the improvements to the Nursing Home and quality of care, are documented.

**Proposed Timescale:** 31/07/2016

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**Outcome 04: Suitable Person in Charge**

**Theme:**
Governance, Leadership and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The person in charge was requested to submit further details of her previous post to enable inspectors to determine if she had 3/6 yrs experience in caring for older persons.

2. **Action Required:**
Under Regulation 14(3) you are required to: Ensure the person in charge is a registered nurse with not less than 3 years’ experience of nursing older persons within the previous 6 years, where residents are assessed as requiring full time nursing care.

Please state the actions you have taken or are planning to take:
Post inspection the PIC had her ‘suitable persons’ interview with the Inspectorate. At that meeting she presented evidence to support she had 3 out of the last 6 years’ experience in a care of the older person setting. The letter stating this was forwarded on the 28th July to registration@hiqa.ie as requested by the inspector.

**Proposed Timescale:** 28/06/2016

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**Outcome 07: Safeguarding and Safety**

**Theme:**
Safe care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Care plans of some residents' who displayed responsive behaviours were not reflective of the residents' triggers and did not reflect their de-escalation plan.

Care plans did not state which of the PRN (as required) psychotropic medications prescribed were to be administered to the resident(s) first.

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3. **Action Required:**
Under Regulation 07(2) you are required to: Manage and respond to behaviour that is challenging or poses a risk to the resident concerned or to other persons, in so far as possible, in a manner that is not restrictive.

**Please state the actions you have taken or are planning to take:**
The PIC and Clinical Nurse Managers within the Nursing Home will review all care plans relating to Responsive Behaviour and the use of PRN medication in conjunction with the Nursing Staff. Each resident in the Nursing Home has a named nurse in place to facilitate care plans. The named nurse system will enable the Home Manager to determine if any specific staff need additional training, supervision and/or mentoring with care plans.

**Proposed Timescale:** 30/08/2016

**Theme:**
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Alternatives trialled, tested and failed were not reflected on each residents' restraint assessment forms.

4. **Action Required:**
Under Regulation 07(3) you are required to: Ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.

**Please state the actions you have taken or are planning to take:**
The restraint assessment tool has been updated and reflects all alternatives trialled whether successful or not. The tool is currently being trialled in the home and the Policy on Restraint will be updated to reflect it once agreed.

**Proposed Timescale:** 31/08/2016

**Outcome 08: Health and Safety and Risk Management**

**Theme:**
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Inspectors observed that residents' who had unwitnessed falls did not have neurological observations completed in line with the centres accident and incident policy or in line with best practice.

There were no notices on display to inform residents', relatives and staff that closed
circuit television was in use in the centre.

5. **Action Required:**
Under Regulation 26(1)(d) you are required to: Ensure that the risk management policy set out in Schedule 5 includes arrangements for the identification, recording, investigation and learning from serious incidents or adverse events involving residents.

**Please state the actions you have taken or are planning to take:**
Staff will receive further training on 4th and 11th of August in relation to the required neurological observations following an unwitnessed fall and the policy on Falls Management has been reiterated at Staff handovers.

CCTV signage is now in place throughout the home and not just at reception as was apparent on the day of inspection.

**Proposed Timescale:** 11/08/2016

<table>
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<tr>
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<tr>
<td>Safe care and support</td>
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**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
A number of residents required their medicines to be crushed prior to administration and this was documented at the front of the prescription charts. The prescriber had not consistently indicated that crushing was authorised for each individual medicine on the prescription sheet.

6. **Action Required:**
Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident’s pharmacist regarding the appropriate use of the product.

**Please state the actions you have taken or are planning to take:**
The pharmacy have completed an audit on 27th June, 2016 of the medication for crushing in the Nursing Home. The GP will sign all those medications indicated that require authorisation.

**Proposed Timescale:** 28/07/2016

<table>
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<tbody>
<tr>
<td><strong>Theme:</strong></td>
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<tr>
<td>Effective care and support</td>
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</table>
The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Care plans were not reflective of the residents’ needs.

Care plans were not consistently updated with all recommendations following review by an allied healthcare professional.

Daily progress notes did not always reflect the resident health, condition and treatment given.

7. Action Required:
Under Regulation 05(3) you are required to: Prepare a care plan, based on the assessment referred to in Regulation 5(2), for a resident no later than 48 hours after that resident’s admission to the designated centre.

Please state the actions you have taken or are planning to take:
The Home Manager (PIC) and the Clinical Nurse Managers will audit and review all care plans in conjunction with the Nursing and Social Care Teams. Where shortfalls are noted they will be rectified. Mountpleasant Lodge operates a named nurse system and where specific nurses are found to be needing additional training and/or supports same will be given.

Additional Care Plan Training, and Reporting and Documentation Training, will occur on site on 4th and 11th of August.

Proposed Timescale: 11/08/2016

Theme:
Effective care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Residents' assessments were not reflective of their current status as they were not updated when there was a change in the residents' condition or when they returned from an acute hospital stay.

8. Action Required:
Under Regulation 05(2) you are required to: Arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person’s admission to the designated centre.

Please state the actions you have taken or are planning to take:
Care plan training within the home in August will reiterate the policy on admission and care planning within the home. The Home Manager (or designated other in her absence) will audit each residents care plan and assessment process, 72 hours after initial admission, and 24 hours after return from hospital to ensure compliance with FirstCare Policy.
All Nursing Staff will receive additional Care plan training on 4th and 11th of August 2016 which will include discussion on assessments, care planning, and assessments required pending hospital transfers. There are policies in place to support staff for care planning and assessments and these are available to all staff both in hard and soft copy in the Nursing Home for reference.

**Proposed Timescale:** 11/08/2016

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**Outcome 13: Complaints procedures**

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

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The complaints policy did not identify a person responsible for over seeing the complaints process.

Complainants were referred to HIQA if not satisfied with the complaint outcome.

**9. Action Required:**
Under Regulation 34(1) you are required to: Provide an accessible and effective complaints procedure which includes an appeals procedure.

**Please state the actions you have taken or are planning to take:**
The Complaints Policy will be updated to reflect the appointment of the Operations Manager to over-see the complaint process, and ensure all complaints are dealt with as per policy and in an appropriate manner.

The policy will also be amended to ensure all complainants are fully aware of the appeals process and the avenues they are entitled to explore should they be unhappy or dissatisfied with the outcome of a complaint.

**Proposed Timescale:** 18/07/2016