



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

## Issued by the Chief Inspector

Name of designated centre:	Asgard Lodge Nursing Home
Name of provider:	Asgard Lodge Nursing Home Limited
Address of centre:	Monument Lane, Kilbride, Arklow, Wicklow
Type of inspection:	Unannounced
Date of inspection:	02 December 2021
Centre ID:	OSV-0005187
Fieldwork ID:	MON-0034260

## About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Asgard Lodge is a purpose built, family run nursing home situated 2kms from Arklow town. It was opened in 1996 and extended in 2008. The centre has capacity for 34 residents providing residential, respite and short stay convalescent care services to males and females over 18 years of age. Accommodation is provided for residents in single and twin bedrooms across two floors. Communal facilities include a living room, snug, lounge, atrium, dining room, quiet room and a conservatory. The premises also contains a kitchen, nurses' station/offices, laundry, staff facilities and sluicing facilities. Externally there is sufficient car parking space, gardens including an enclosed veranda and courtyard.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	32
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## How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Thursday 2 December 2021	09:20hrs to 16:05hrs	Liz Foley	Lead

## What residents told us and what inspectors observed

Residents enjoyed a good quality of life and were positive about their experience of living in this centre. While many improvements had been made fire safety risks had not been reduced following an inspection in July 2021. Respectful and person centered care was provided by a team of competent staff in a homely environment. The inspector observed practices, greeted many residents during the inspection and spoke at length with six residents to gain an insight into the lived experience in the centre.

The inspector was guided through the centre's infection control procedures before entering the building. Alcohol hand sanitizers were available throughout the centre and there was appropriate signage to promote and remind staff about good hand hygiene. Imminent plans were in place to install a total of four dedicated hand wash sinks in key areas throughout the centre to promote good hand hygiene practices. Staff were observed to be following the centre's uniform policy and were correctly wearing face masks in line with public health advice. All staff were bare below the elbows to promote good hand hygiene and reduce the spread of infection.

The centre had accommodation for up to 34 residents over two floors. The majority of all accommodation was on the ground floor, with six single bedrooms accessible by a passenger lift located on the on the first floor. There was a choice of communal spaces, for example, two lounges, a dining room, a snug, a quiet room and an open plan sitting area with a fire place. The environment was homely and additional and suitable armchairs were now available in communal rooms and additional armchairs were ordered for all bedrooms. Works were ongoing on-site during the inspection to install two new boilers to ensure the centre was warm and comfortable. Assistive hand rails had been installed in bathrooms throughout the centre where required to promote residents' independence. Flooring had not yet been replaced in several bedrooms and corridors but plans were advanced for same. Overall the environment was cleaner than on the previous inspection in July and there was an ongoing programme of preventative maintenance to ensure that regular scuffs on walls and wood works were repaired and repainted frequently to ensure effective cleaning. Oxygen cylinders were now stored safely outside the building. Tiles and grout were still observed to be stained and damaged in two communal bathrooms on the ground floor rendering these surfaces difficult to clean to the required standard.

Since the previous inspection in July store rooms had been reorganised and de-cluttered which improved the overall cleanliness and improved work efficiency. The sluice room had also been de-cluttered and appeared cleaner. A new bed pan washer had been installed and the provider was undertaking to seek advice from an infection control specialist before installing a new hand wash sink in this area in order to ensure safe work practices and reduce the risks of cross contamination in this high-risk area.

The service was still trying to balance resident's safety with their social needs by

continuing to ensure residents were socially distancing in day rooms and during meals. For example, residents were observed spaced out in day rooms and at meal times only two residents were allowed to eat together at tables in the main dining room. Residents were observed mobilizing around the centre and relaxing in various communal rooms.

The service was very person-centered and there were many observations of kind, respectful and compassionate care throughout the day. Residents were highly complimentary about the staff and told the inspector they were well looked after and that the staff were very kind and attentive. There was a relaxed atmosphere in the centre and some residents were observed having friendly banter with staff. Residents were observed outside of main meal times enjoying snacks, late breakfasts and cups of tea at their leisure and as they preferred. All of the residents stated the food was exceptionally good and formed a big part of their daily enjoyment. Various group activities were planned for the day of the inspection and for the coming month. Residents gave lot of positive feedback from recent events in the centre including a concert and a visit from Santa on a horse drawn carriage. Residents were looking forward to a Christmas concert which the staff were organising, choirs from the local community and schools which were planned in the coming weeks. The centre had arrangements in place to ensure these would go ahead in a safe manner to protect the residents by using the outside spaces while the residents viewed from inside.

The next two sections of this report will present findings in relation to governance and management in the centre, and how this impacts on the quality and safety of the service being delivered.

## Capacity and capability

The centre had a restrictive condition on its registration which required the provider to comply with several regulations by the 30 November 2021. This was due to high levels of risk found on inspection in July 2021, particularly with regulations 28 Fire prevention, 27 Infection control and 17 Premises. Overall compliance had improved with many regulations however the provider had not reached compliance with regulation 28 by the date specified and there was still a lack of expertise in fire safety which resulted in ongoing active risks for containment of fire and the safe evacuation of residents.

Asgard Lodge Nursing Home Limited was the registered provider for Asgard Lodge Nursing Home. The company had three directors, one of whom was the person in charge, who worked daily in the centre. The company director who represented the registered provider also worked daily in the centre. There was a clearly defined management structure and staff and residents were familiar with staff roles and their responsibilities. The person in charge was supported by a full time clinical

nurse manager and team of nursing, caring, housekeeping, catering, activities and maintenance staff.

This was unannounced risk inspection to follow up on serious fire and infection control risks found in July 2021. The provider and management team had been working hard to make the changes required to ensure their service was safe and delivering effective care. Some improvements were found in fire safety however, risks remained around containment of fire and safe evacuation of residents from the centre. Expertise in fire safety was still lacking in the centre. Resources had been allocated for fire safety and for premises upgrades, for example, the centre were installing a new heating system and had installed a fully addressable fire detection and alarm system.

Improvements were found in the oversight of infection control which had been a risk on the previous inspection. External infection prevention and control expertise had been sought and key staff had received additional training to enable them to implement more robust systems to protect against infection in the centre. Additional resources were allocated to install new flooring in the coming months however, there was no plan to upgrade the bathrooms and this was impacting on infection prevention and control. The importance of ongoing effective audit was discussed during the inspection with the person in charge and the clinical nurse manager, who were formulating a new time line for ongoing environmental and infection prevention and control audits to inform the ongoing quality and safety of care.

The provider had increased staffing resources since the previous inspection in July. There was an additional two hours per day for housekeeping which had impacted positively on the cleanliness of the centre. There were sufficient staff on duty to meet the needs of residents living in the centre on the day of inspection and residents stated their call bells were answered in a timely manner. There were clearly defined roles and responsibilities and recent allocations of suitable staff to take responsibility for specific areas of care and service need. For example, a nurse had responsibility for wound care and a senior manager had taken on the role of infection prevention and control link nurse. These improvements were aimed at promoting evidence based care and best practice. However, further assurances were required to ensure that fire related staffing issues were assessed, this is discussed under regulation 28.

Improvements were found in the oversight of training needs in the centre. All staff were now up to date with fire and infection control training. A new system for training provision was being rolled out in the centre which would support all staff to complete mandatory and additional training they may require. The management team had reviewed the training practices and were moving towards a blended way of training provision. This will encompass online training modules with knowledge check, on-site practical training and regular on-site refresher huddles, for example with infection control, hand hygiene etc.

Improvements were found in the documentation of complaints. In a sample of four recorded complaints all were managed in line with the centre's policy. Learning was used to inform ongoing quality improvements in the centre, for example, one

concern about the quality of care was addressed and followed up with a questionnaire which recorded high levels of satisfaction with service provision.

### Regulation 15: Staffing

Further assurances were required that sufficient staff were on duty at night time to safely evacuate all residents in the event of a fire. A report of a simulated night time fire drill which was submitted following the inspection did not have sufficient detail to provide assurances that residents in the largest compartment would be evacuated in a timely manner.

Judgment: Substantially compliant

### Regulation 16: Training and staff development

Staff had access to training appropriate to their role. Staff had recently completed training in fire safety and infection prevention and control and specific training regarding the prevention and management of COVID-19, correct use of PPE and hand hygiene. There was an ongoing schedule of training in place to ensure all staff had relevant and up to date training to enable them to perform their respective roles.

Staff were appropriately supervised and supported to perform their respective roles.

Judgment: Compliant

### Regulation 23: Governance and management

Management systems required review. There was ongoing non-compliance with regulation 28. The maintenance programme required improvement to ensure that all surfaces could be cleaned properly. These risks impacted on the safety of residents and staff.

Judgment: Not compliant

### Regulation 34: Complaints procedure



There was an effective complaints procedure in the centre which was displayed at the reception. There was a nominated person who dealt with complaints and a nominated person to oversee the management of complaints. The inspector viewed a sample of complaints all of which had been managed in accordance with the centre's policy.

Judgment: Compliant

## Quality and safety

Residents continued to receive good standards of health care and their safety and well being was supported by improved activity provision and robust infection control systems and procedures. Improvements to the condition of the premises were planned and the provider hoped to complete these early in the New Year. However ongoing fire safety risks continued to impact on the safety of all residents and staff.

A number of fire safety risks were identified following the previous inspection in July 2021 and the provider had engaged with HIQA's fire and estates inspector on a number of concerns. A fire safety risk assessment of the centre was requested at that time and to date this was not completed. The provider had completed some fire safety improvement works including the installation of a new fully addressable fire detection and alarm system. There were ongoing risks associated with fire containment and evacuation of residents from a large 12 bed compartment and from the upstairs compartment. Works had commenced to reduce compartment sizes and this was not yet completed due to delays in getting fire doors. The provider engaged the services of external fire safety experts to review elements of their fire safety systems, for example, a fire door audit by an external fire safety consultant was completed in October and many recommendations were made, many of these remained outstanding on the day of inspection.

Store rooms had been de-cluttered, tidied and allocated for specific purposes. This had benefits in the improved cleanliness of these rooms and had improved work flow in terms of accessing items and stock control. The premises was clean and bright throughout. Many new chairs had been purchased and more were ordered. The centre had upgraded equipment in the kitchen and were in the process of installing two new boilers to ensure the centre was warm and comfortable throughout. There were plans in place to install new flooring in bedrooms and corridors throughout the centre and the provider hoped to complete this in the first quarter of 2022. Two bathrooms also required upgrading.

Infection prevention and control practices in the centre were mostly in line with the national standards and other national guidance. The provider had made many improvements since the previous inspection in July and had plans in place to install hand hygiene sinks and improve parts of the premises which were impacting on

infection prevention. Additional housekeeping hours were allocated following the inspection in July 2021 and external expertise had informed many improvements in the centre. An external environmental audit was completed in September and many recommendations were made. The provider made many changes including systems and additional resources which had resulted in improved compliance with infection control. For example, cleaning protocols were now in place to clearly guide staff on how to clean the centre daily, for deep cleans and for terminal cleaning following an outbreak. Documentation of cleaning had improved which resulted in improved oversight of housekeeping. High touch cleaning was recorded twice daily and deep cleaning rotas were in place which assured the provider that every room was cleaned to a high standard. A colour coded cloth and mop system were now fully implemented and laundry systems improved. One unused shower had been decommissioned and pipes had been removed to reduce any potential for contamination to the clean water system. Staff were competent with the use of appropriate cleaning solutions and frequency of cleaning and had sufficient time to clean the centre to a high standard. The provider had resourced appropriate hand hygiene sinks which were on-site and awaiting installation in four areas around the centre in line with best practice.

There were good practices observed around the cleaning of shared equipment with a tagging system now used to identify when and by whom an item was cleaned. The centre were continuing to update their contingency plan for an outbreak of COVID-19 and staff were very familiar with the plan and competent in how to manage a potential outbreak. Regular infection control huddles were ongoing to keep all staff updated and familiar with best practice with hand hygiene, using PPE, mask wearing, etc. There was also good oversight of antimicrobial use with a live register of residents who were being treated with antibiotics and those with antibiotic resistance.

There was a rights based approach to care in this centre. Residents' rights and choices were respected and residents were actively involved in the organisation of the service. Regular resident meetings and informal feedback from residents informed the organisation of the service. Residents were consulted with about their individual care needs and had access to independent advocacy if they wished. Privacy curtains had been adjusted in shared rooms and privacy locks fitted to bathrooms to promote and support residents who wished to undertake activities in private. There was a varied and fun activities programme in place and the activities team had worked hard to provide suitable activities for all residents. The centre had continued to involve the local community and external entertainers in activity provision in a safe manner. Residents were very complimentary about the recent live music and seasonal fun which was organised and planned. Activity staff were now involved in assessing resident's social needs and care planning which resulted in a more person-centered and specific care plan to meet individuals' occupational and recreational needs.

## Regulation 17: Premises

Parts of the premises did not conform to the matters set out in schedule 6 of the regulations, for example, flooring and two bathrooms were damaged and worn and could not be effectively cleaned.

Judgment: Substantially compliant

## Regulation 26: Risk management

Arrangements were in place to guide staff on the identification and management of risks. The centre had a risk management policy which contained appropriate guidance on identification and management of risks, including those specified in regulation 26

Judgment: Compliant

## Regulation 27: Infection control

Areas of the centre were difficult to clean due to wear and tear and posed a risk of cross contamination as staff could not effectively clean some surfaces, this is discussed under regulation 17.

Bins observed in some bathrooms were not foot operated and could only be opened by hand, this was not in line with infection control guidelines as it increased the risk of cross contamination.

Judgment: Substantially compliant

## Regulation 28: Fire precautions

There were ongoing non-compliance's with fire safety.

Assurances were required that residents could be evacuated in a timely manner in the event of a fire in the centre. One large compartment contained 12 beds and the provider had not tested the ability of staff to safely evacuate this compartment at night time when staffing levels were lowest. The provider was estimating the time it took to evacuate compartments instead of completing simulated compartment evacuations. This was a barrier to learning and a risk to the safe evacuation of all

residents and staff in the real event of a fire in the centre. This was an ongoing non-compliance. Drills submitted following the inspection lacked sufficient detail to provide assurance that residents would be evacuated in a timely manner when there was three staff on duty at night.

The provider could not demonstrate the effectiveness or adequacy of the compartmentation within the centre. The provider had not undertaken a review of the compartments in the building and therefore could not provide assurances of their effectiveness. This impacted potentially on the evacuation strategy, if existing compartments and doors were not effectively containing fire. The door to the lift shaft was blowing open during the inspection and the provider was not aware that this was a risk to the spread of fire.

The evacuation strategy to guide staff on their actions in the event of a fire lacked important information, for example, the night time fire procedure lacked guidance on who would call the fire services if a fire was found and could not be extinguished safely. It also lacked information on who is responsible for calling emergency contacts to get more help on-site for evacuation. Correct fire procedures are essential to guide staff on the quickest and safest way to manage a fire in the centre.

Personal evacuation plans for residents did not state the level of supervision required following an evacuation. Residents who were at risk of wandering back into the building would be particularly vulnerable in an emergency situation and the provider did not have oversight of this risk nor did the centre's procedures have provisions for supervising vulnerable residents following an evacuation.

Judgment: Not compliant

### Regulation 9: Residents' rights

Improvements were found with regard to promoting residents privacy in the centre; privacy curtains had been adjusted to ensure privacy in shared bedrooms and privacy locks had been fitted to bathroom doors. Residents' rights and choice were promoted and respected in this centre. Activity provision was good and there were daily opportunities for residents to participate in interesting group or individual activities in accordance with their abilities and preferences.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Asgard Lodge Nursing Home OSV-0005187

Inspection ID: MON-0034260

Date of inspection: 01/12/2021

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

## Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: Staffing levels are based on modified Barthel index assessment which is updated every 3 months. We validate our staffing levels in accordance with the overall assessed dependencies of residents as per the index. If we have a high level of high dependency residents, staff numbers will be increased in order to ensure the safe delivery of care. Health outcomes are also measured on an ongoing basis and management have a very hands-on approach in supervising care and welfare activity, ensuring that care and welfare requirements of the residents are achieved. We analyse day and night activity to ensure that residents needs are being met and we consult and monitor staff regularly to ensure that essential care requirements are achieved. An example of this is the night time evacuation situation where drills are conducted to ensure that the residents can be evacuated safely in the event of a fire. Equally real time safety checks that staff record on our recording platform are monitored to ensure that the residents are being supervised appropriately and that care and safety checks are being maintained for all residents 24 hours a day.</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p><b>REGULATION 28</b></p> <ul style="list-style-type: none"> <li>- While significant improvements have been made with regards to Fire Safety, Asgard Lodge Nursing Home have also engaged with a Fire Safety Specialist who will conduct a full Fire Risk Safety Assessment of the entire home</li> <li>- This work is scheduled to commence on Monday the 17th January 2022 with a schedule</li> </ul>	

to submit the report on Friday the 11th of February 2022

#### WEEKLY MAINTENANCE MEETINGS

- Asgard Lodge Nursing Home are now conducting Weekly Maintenance Meetings with a view to addressing areas of the centre which were suffering wear and tear
- A risk rating is now being associated with each identified area along with a timeframe as to when this risk will be remedied

Regulation 17: Premises

Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:

#### FLOORING

- Asgard Lodge Nursing Home have already screeded and fitted over 150 sqm of a marmoleum compound floor along with coving into our Home
- Phase 3 of this project will involve a number of bedrooms and hallways adjacent to these bedrooms being completed
- Phase 3 involves close to 280 sqm of this marmoleum compound floor along with coving being fitted
- The Flooring is in the process of being delivered with initial work scheduled to begin at the end of January
- All Flooring will include coving which will mean the floors will be much easier to clean and this will also mitigate against traditional dirt build up in crevasses and alcoves

#### FURNITURE

- Asgard Lodge Nursing Home received delivery of another 10 Queen Anne Chairs on Dec 23rd 2021 along with 2 new orthopaedic chairs
- This enabled us to address any furniture which we felt was an infection control risk and decommission said furniture

#### HEATING SYSTEMS

- Asgard Lodge Nursing Home have replaced the Home's Entire Heating System with a Brand New Heating Solution
- This has been completed at a significant but a necessary cost to the home

#### BATHROOMS

- Long term, the aim of the home is to decommission one the bathrooms to convert into a dedicated clinical room for Nursing Staff
- The second bathroom is closer to the bedrooms and will be refurbished to better suit Our Residents needs
- Owing to budgetary constraints where the Home has recently installed a New Fire Detection System, An Entire New Heating System, New Flooring, New Furniture, etc... along with the high overheads associated with Covid we cannot estimate the time span as to when this work will start as we first of all need to have the necessary funding in place



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Regulation 27: Infection control

Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:

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#### BINS IN BATHROOMS

- Pre the inspection, Bins had been replaced in 10 bathrooms with New Pedal Bins
- The decision was made post the HIQA Inspection to replace the bins in 21 other Rooms
- Asgard Lodge Nursing Home can confirm this has been completed where Pedal Bins are now in place

Regulation 28: Fire precautions

Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:  
ASGARD LODGE NURSING HOME REPLY

#### SHORT TERM - DRILLS

- Asgard Lodge Nursing Home had advised the HIQA inspection team on the day of the inspection that pre the inspection the Home had run a number of simulations and tutorials using night time staffing levels as per the HIQA Fire Safety Handbook
- Staff were timed evacuating other staff members who simulated residents who were being evacuated from their bedrooms and learnings were obtained from each drill/simulation which was run
- Each simulation took roughly 30 mins where staff were first brought to the Homes Fire Notice Board and an information session was held before the practical aspect of the drill took place
- Areas which were discussed were the Homes Fire Strategy, The New L1 Fire Alarm Panel, Evacuation Routes, Evacuation Procedures, PEEPS and issues which staff may need to address in the event of a fire
- Times were taken from each simulation with a view to improving in the next simulation
- Asgard Lodge Nursing Home had also timed actual ambient residents evacuating from their rooms to a place of safety so as to gain a true understanding of their true evacuation times
  
- HIQA advised Asgard Lodge Nursing Home that this type of practice was unsatisfactory and Asgard Lodge Nursing Home would need to evacuate our largest compartment using staff to mimic the number of residents in that compartment (12 Residents) along with Night Time Staff Levels (3 Staff) and One Observer
- Using Chapter 4 of the HIQA Fire Safety Handbook for guidance and post the HIQA inspection Asgard Lodge Nursing Home ran a large-scale Fire Simulation/Drill in our largest 12 bed compartment on the ground floor
- So not to impact on the daily care of Our Residents, Asgard Lodge Nursing Home rostered a number of off duty staff to partake in this Drill
- A total of 16 staff took part in the drill where 12 staff undertook the role of simulating residents, 3 staff acted as night time staff members and one staff member was an observer
- Staff simulated the residents in question and their dependencies as per their personal

#### evacuation plan

- Evacuations took place to reflect these Residents and their Dependencies
- Staff then rotated their roles so as to obtain learnings as to what it was like to be a Resident who was been evacuated or a Staff Member evacuating a Resident
- This information was shared with Staff and Resident so all could achieve learnings from this exercise
- Asgard Lodge spoke to HIQA on this as there was a misunderstanding as to what type of drill took place post the inspection.

#### LONG TERM – SUB-COMPARTMENTS

- Asgard Lodge Nursing Home are in the process of dividing our largest 12 bed compartment into two separate 6 bed sub-compartments
- Sub-compartment boundary walls have already been constructed in the attic space which in each case extend through the attic to the roof covering
- Each has been fire sealed to the underside of the roof covering
- Fire Doors have been ordered but owing to a delay in delivery times (Covid and Brexit), these are not due to be delivered until late January 2022
- This sub-compartment division will mean that our home's maxim compartment capacity will be 6 beds
- This in turn will dramatically reduce the evacuation times for the homes largest compartment

#### ADEQUACY OF COMPARTMENTS

- While significant improvements have been made with regards to Fire Safety, Asgard Lodge Nursing Home have also engaged with a Fire Safety Specialist who will conduct a full Fire Risk Safety Assessment of the entire home
- This work is scheduled to commence on Monday the 17th January 2022 with a schedule to submit the report on Friday the 11th of February 2022

#### EVACUATION STRATEGY

- Evacuation strategies have been updated to reflect the recommendations as per the HIQA report
- Strategies have been refined to be clearer for both day and night time staff

#### PERSONAL EVACUATION PLANS FOR RESIDENTS

- As per the HIQA recommendation, Personal evacuation plans for residents have been updated to include the level of supervision required following an evacuation

## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	06/12/2021
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	22/12/2021
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the	Substantially Compliant	Yellow	11/02/2022

	effective delivery of care in accordance with the statement of purpose.			
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	09/01/2022
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	09/01/2022
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Substantially Compliant	Yellow	28/02/2022
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for	Substantially Compliant	Yellow	11/02/2022

	reviewing fire precautions.			
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Not Compliant	Orange	09/01/2022
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	11/02/2022
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Substantially Compliant	Yellow	22/12/2021