



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:	07 May 2025
Centre ID:	OSV-0005187
Fieldwork ID:	MON-0046117

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:	31
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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
Wednesday 7 May 2025	08:20hrs to 16:40hrs	Aislinn Kenny	Lead

What residents told us and what inspectors observed

The overall feedback from residents was that they liked living in Asgard Lodge Nursing Home. The inspector spoke with a number of residents and spent time observing residents' routines and care practices in the centre in order to gain insight into the experience of those living there. Residents spoken with were complimentary of the staff and said they were very friendly and caring, all residents told the inspector they were well looked after. A resident in the centre was celebrating their birthday on the day of the inspection and the inspector observed their family and friends coming and going for a party that was being held in one of the communal rooms in the centre, staff and management joined in the celebrations also.

Most residents were observed in the communal living room and lounge on the day of the inspection and this is where the activities took place. Other residents were observed relaxing in the conservatory reading the newspaper and enjoying the view to the front of the centre. Transition year students from a local school were observed singing, chatting with and playing guitar to residents who said they enjoyed the music.

The inspector observed that, generally, the residents' lived environment was well-maintained. The inspector visited a number of residents' bedrooms and observed that most were in a good state of repair and were suitably furnished and comfortable. Many of the residents had personalised their rooms with their photographs and other personal possessions from home. One resident's bedroom required painting where there were significant marks and damage to the wall; the floor covering in the en-suite of the bedroom was also observed to have come away from the wall and required attention.

Externally, there was an enclosed, well-maintained garden area and seating available for residents to enjoy the outdoor space. The residents' smoking area was situated in the garden area and was adequately equipped with fire fighting equipment. Residents accessing this area used a mobile call-bell. A variety of storage units were located outside at the rear of the centre and within the garden area and the inspector observed a wooden maintenance shed used to store various maintenance items, including solvents.

Although in general the premises were clean, some improvement was required in the area of environmental hygiene as the inspector observed rust on some commodes in bathrooms and storage of boxes on the floor in a storage room which resulted in dirt and dust gathering in this area.

The inspector observed residents' lunchtime meal. Most residents chose to eat their meals in the dining room and lounge, while some residents were assisted with their meal in the sitting room. These areas were spacious and tables were well laid out with cutlery and condiments were freely available. Residents' lunchtime meal was observed to be well-presented, warm and with generous amounts on the plate. The

inspector saw that while there were choices available in respect of food options, timely assistance was not consistently provided to ensure each resident had a dignified mealtime experience. Staff were observed in the lounge providing discreet assistance to residents, however the inspector observed a resident in the sitting room who was waiting a long time for assistance with their meal. The resident was sitting facing another resident who was receiving assistance with their meal, and when asked were told by staff that they would have to wait until they were finished assisting the other resident to have their meal. The inspector raised this with the person in charge and the resident waited for approximately 7-10 minutes until another staff member was available to assist them and they were served their meal.

The inspector observed residents participating in the social activities scheduled. Residents were observed taking part in a word game and listening to music. There was a dedicated activities coordinator who worked five days per week and at weekends staff were allocated to organise activities such as colouring and music. A vaccination clinic was taking place on the day of inspection and residents were observed being facilitated to attend this. A hairdresser attended the centre on a regular basis. Residents had access to WiFi and a tablet was available for residents' use.

The inspector observed visitors coming and going throughout the day. Visitors who spoke with the inspector said they were always made to feel welcome and they could meet the resident in their bedrooms or in a number of private spaces provided.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

Capacity and capability

Overall, the inspector found that with minor exceptions, residents were supported and encouraged to have a good quality of life in the nursing home. The management team used regular audits to improve practices and services. Some further oversight was required to bring the designated centre into full compliance, specifically in respect of the oversight of fire precautions and infection control.

This was an unannounced inspection. The purpose of the inspection was to assess the provider's level of compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulations 2013-2025. The registered provider is Asgard Lodge Nursing Home Limited. It is a family-run centre and the person in charge was supported in their role by an assistant director of nursing and a team of nurses, health care assistants, an activity coordinator,

maintenance, housekeeping and catering staff.

On the day of the inspection, the staff numbers were consistent with those set out in the centre's statement of purpose. There was at least one registered nurse on duty at all times. Renewed focus was required to ensure that staff were available at meal time delivery and to ensure there was no delay to residents who required assistance.

There were systems in place to monitor the quality and safety of care delivered to residents through a range of audits. These included audits in the areas of care planning, safeguarding, accidents and incidents and medication management. Meetings were held regularly with staff and residents to capture feedback on the service. The compliance plan from the previous inspection had been completed.

A sample of volunteer files were reviewed and were found to contain effective arrangements for the vetting and supervision of volunteers in the centre.

There was a complaints procedure on display and the registered provider had a policy in place for dealing with complaints. The procedure on display in the reception area and as an appendix to the policy did not specify the time line for the review of the complaint should it be referred to a review officer. There were a very small number of complaints received by the centre and these were reviewed by the inspector and found to have been responded to in line with registered provider's policy.

Residents' records were stored on site and were made available for inspection including the directory of residents which was found to include all the information specified by the regulation.

A sample of incidents reviewed were notified to the office of the Chief Inspector of Social Services as required and within the time frames.

Regulation 15: Staffing

Staffing was in line with the registered statement of purpose and there was a minimum of one registered nurse on duty in the centre for the number of residents living in the centre at the time of inspection.

Judgment: Compliant

Regulation 19: Directory of residents

A directory of residents was maintained in the centre and contained the required information required in line with the regulation.

Judgment: Compliant

Regulation 23: Governance and management

Notwithstanding the fact that resources were aligned with the staffing model stated in the statement of purpose, staff practices and allocations required further review to ensure all residents were supported to have a dignified mealtime experience.

In general, management systems were in place to ensure that the service provided was safe, appropriate and effectively monitored. However, further management oversight in the area of fire safety and infection control was required. For example;

- Fire drills were taking place in the centre, however the evacuation time was not recorded as part of the drill. This required further review to ensure the registered provider was assured the time taken to evacuate was adequate and in line with their policy.
- Environmental audits were carried out, however they were not always effective at implementing effective action plans to address identified areas for improvement. For example, the inspector saw that boxes continued to be stored on the floor despite being a finding on a previous audit.

Judgment: Substantially compliant

Regulation 30: Volunteers

Systems were in place to ensure volunteers knew their roles and responsibilities, received support and were Garda vetted.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector reviewed the incident records for the centre. Any incident that required notification to the office of the Chief Inspector was notified within the required time frame.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints procedure on display did not provide the timeline for when the review officer would conduct and conclude the review of the complaint.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

The registered provider had prepared in writing the policies and procedures as set out in Schedule 5 of the regulations.

Judgment: Compliant

Quality and safety

Overall, the residents in the centre received quality of care from a dedicated team of staff who knew them well. Residents told the inspector that they felt safe living in the centre. There were relaxed and familiar interactions observed between residents and staff. Some improvement was required under Regulation 18: Food and Nutrition, Regulation 28: Fire Precautions and Regulation 27: Infection Prevention Control as discussed further in the report.

Overall, procedures were mostly consistent with the National Standards for Infection Prevention and Control in Community Services (2018). Staff were observed engaging in regular hand hygiene and residents were supported to clean their hands before mealtimes. The assistant director of nursing was the infection prevention control (IPC) link person for the centre. There were dedicated IPC policies and procedures in place. A sample of care plans for residents with infections were reviewed and were found to contain up-to-date, person-centred and relevant information for staff relating to the management of the infection. Residents' rooms were deep cleaned on a weekly basis and there was adequate numbers of cleaning staff employed. However, further areas for improvement are detailed under Regulation 27: Infection control.

Residents' care plans were reviewed in respect of end-of-life arrangements. The inspector found, from a sample reviewed, that residents' end-of life decision-making included residents and their families where appropriate. The records reviewed

showed that residents' personal wishes at end of life were recorded, when known, in their care plans.

The registered provider had taken a pro-active approach to the management of fire precautions and had implemented required actions following previous inspections. There was a good level of oversight generally from the registered provider in relation to fire management, however, the fire drill records did not reflect the time that it had taken staff to evacuate during a simulated evacuation and required review. In addition, the charging of hoists in communal areas and under the stairs was observed on this inspection. This is further discussed under Regulation 28: Fire Precautions.

Residents' rights were upheld in the centre. Residents were facilitated to attend outings, participate in activities and had access to a range of media including newspapers and WiFi. Residents meetings were held for residents to provide input into the centre and feedback on their likes and dislikes.

Regulation 13: End of life

Residents' end-of-life wishes were assessed and their care plans clearly documented their needs and preferences regarding their physical, psychological and spiritual care. Residents' preferences regarding where they would like to receive care at end of their lives were established and were regularly updated.

Judgment: Compliant

Regulation 18: Food and nutrition

Most residents were provided with their meals in a timely manner. However, one resident experienced a delay in receiving their meal. The resident was told by staff that they had to wait until a staff member was available to assist them. During this time, the resident was sitting at the table, looking at other residents who were eating. Such practices did not support a dignified mealtime experience.

Judgment: Substantially compliant

Regulation 27: Infection control

While the premises was generally clean, there were some areas that required attention. For example;

- Dirt and dust had gathered on the floor of a small store room which contained items stored on the floor and could not be effectively cleaned.
- Rust was observed on some commodes.
- A residents' chair in the sitting room had a break in its integrity and could not be effectively cleaned.
- A residents' bedroom wall and en-suite floor covering was damaged and could not be effectively cleaned.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider had completed a significant amount of fire safety works to the centre and was proactive in their approach to the management of fire precautions. Some areas posed a fire safety risk that required further attention, for example;

- Hoists were being charged in the communal lounge area and under the stairs near the Atrium.
- A wooden garden shed located in the enclosed courtyard, was being used to store maintenance supplies which included solvents and other maintenance materials.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Residents had facilities for occupation and recreation and opportunities to participate in activities in accordance with their interests and capacities. Residents had the opportunity to be consulted about and participate in the organisation of the designated centre by participating in regular residents' meetings.

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
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 13: End of life	Compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Asgard Lodge Nursing Home OSV-0005187

Inspection ID: MON-0046117

Date of inspection: 07/05/2025

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 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Staff allocation during mealtimes has been reviewed and adjusted to ensure Our Residents receive timely and dignified assistance. Evacuation times are now consistently recorded during all fire drills, in line with Our Home's fire safety policy. In addition, an outstanding action identified in the internal audit prior to the HIQA inspection which was the installation of extra shelving in both storage rooms has now been completed by the relevant contractor. All items are now stored off the floor. These improvements have strengthened the overall effectiveness of our governance and management systems.	
Regulation 34: Complaints procedure	Substantially Compliant
Outline how you are going to come into compliance with Regulation 34: Complaints procedure: The displayed complaints procedure and the complaints policy have been updated to clearly state that any complaint referred for review will be concluded within 20 working days.	
Regulation 18: Food and nutrition	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 18: Food and nutrition:</p> <p>Staff allocation during mealtimes has been reviewed and adjusted to ensure Our Residents receive timely assistance, promoting a dignified dining experience. Since these adjustments were implemented, no further delays in mealtime assistance have been reported.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>All rusted commodes have been replaced, and all damaged Resident furniture, flooring, and identified bedroom have been fully repaired or replaced. Storage rooms have been reorganised to ensure that no items are stored directly on the floor, enabling effective and thorough cleaning. These measures have addressed all areas highlighted during the inspection and have brought Our Home into full compliance with infection control standards.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>Hoist charging has been relocated to designated areas away from the identified communal space and stairwell to reduce fire risk. The wooden maintenance shed has also been reviewed; all flammable substances have either been removed or are now securely stored in line with fire safety regulations. Additionally, fire safety checks have been updated to specifically include monitoring of these areas to ensure continued compliance.</p>	

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 18(3)	A person in charge shall ensure that an adequate number of staff are available to assist residents at meals and when other refreshments are served.	Substantially Compliant	Yellow	10/05/2025
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Substantially Compliant	Yellow	08/05/2025
Regulation 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively	Substantially Compliant	Yellow	08/05/2025

	monitored.			
Regulation 27(a)	The registered provider shall ensure that infection prevention and control procedures consistent with the standards published by the Authority are in place and are implemented by staff.	Substantially Compliant	Yellow	05/06/2025
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	10/06/2025
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	10/06/2025
Regulation 34(2)(e)	The registered provider shall ensure that the complaints procedure provides that a review is conducted and concluded, as soon as possible and no later than 20 working days after the receipt of the request for review.	Substantially Compliant	Yellow	08/05/2025