



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:	01 March 2022
Centre ID:	OSV-0005187
Fieldwork ID:	MON-0035216

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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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
Tuesday 1 March 2022	11:00hrs to 18:50hrs	Niall Whelton	Lead

What residents told us and what inspectors observed

The inspector followed the infection control procedure on entering the designated centre. This included hand hygiene, wearing appropriate personal protective equipment (PPE) and recording temperature. The inspector was met by the person in charge and the registered provider representative.

Following an introductory meeting, a senior nurse accompanied the inspector on a walk through of the centre.

The centre was primarily a single storey structure with a small first floor. The majority of the accommodation was on the ground floor, with six single bedrooms at first floor. There was a lift providing access to the first floor and two stairways for escape. The remaining bedrooms on the ground floor had escape in alternative directions. One single bedroom at the end of a corridor had an exit directly to the outside. Residents day spaces were located on the ground floor comprising of two lounges, a dining room, a snug, a quiet room and a conservatory.

The inspector saw new construction in the attic to subdivide the larger bedroom compartment, however the door to complete this fire compartment boundary was awaiting delivery to the centre.

The inspector saw labels affixed to fire doors. These were assigned to each fire door with a number for use in the fire door audit by a third party fire safety expert. The inspector also saw upgrade works which had been completed to fire doors. On one door, the inspector noted that sealing had been completed between the door frame and the wall to complete the fire barrier and it was confirmed to the inspector that this had been completed on a number of doors.

The inspector saw inappropriate storage in one bedroom corridor and in one of the stairways. There were ladders stored within the stairways for access to the attics. The ladder stored in the larger stairway was at shoulder height which meant they may become an impediment for evacuation if they became loose or knocked off the wall.

The fire alarm panel was located inside the snug, which was inside the door closest to the front of the building. It was noted to be free of fault.

Externally, there was a fire reservoir to the front of the building which provides water to assist fire fighting. This was clearly marked with a sign. There was also a dedicated caged area externally for the storage of oxygen.

Capacity and capability

This was an unannounced risk inspection carried out to review fire precautions and to follow up on fire safety risks identified in July and December 2021. The inspector assessed the progress made in coming into compliance with Regulation 28 Fire Precautions.

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.

The registered provider had arranged for a fire safety risk assessment to be completed for the designated centre, the report for which was now complete; the provider was awaiting the report from the fire safety expert. This was subsequently submitted in the days following the inspection.

The provider had implemented systems to improve fire safety management in the centre. A fire management audit had recently been completed with a time bound action plan included. The provider had also recently developed a fire safety programme, the purpose for which was to annually identify fire safety prevention and control activities and to reduce the risk of fire in the home. This was just recently implemented in February of this year. Notwithstanding the aforementioned, progress was slow to address some of the fire safety deficits in the centre.

Regulation 23: Governance and management

Notwithstanding the implemented systems to improve fire safety management in the centre, deficiencies with fire containment and slow progress in implementing recommended work meant that the risk of fire still remained. The management system for completing the programme of work required improvement to ensure the centre was compliant with regulation 28 Fire Precautions.

Judgment: Substantially compliant

Quality and safety

Significant work had been completed to improve the levels of fire safety in this centre. The provider had developed a fire safety programme since the previous inspection. However, deficiencies with fire containment and slow progress in

implementing recommended work meant that the risk of fire still remained.

The inspector noted many good practices in the centre and staff were knowledgeable regarding the evacuation procedure when speaking with the inspector. The evacuation needs of residents were assessed and the assessment viewed by the inspector was up to date.

From a review of the dependency schedule, the dependency levels of residents in most fire compartments was mixed. The first floor however, which was a single compartment with capacity for six residents, accommodated five high dependent residents who required assistance to evacuate on a ski sheet. There were two stairs from this floor, each configured with ample space for evacuating residents vertically. As the first floor was a single fire compartment, the evacuation strategy meant that escape by horizontal phased evacuation was not available. The provider confirmed that a simulated drill for this area was scheduled for the following week to ensure a safe evacuation from this floor.

Since the previous inspections, the provider had been seeking advice and input from a third party fire safety expert. This included an audit of fire doors in the centre. Some work had been completed on the upgrade of fire doors, however progress was slow and required completion to ensure the doors were effective to contain the spread of fire and smoke.

Fire doors were found to have gaps and some were warped which meant they could not close effectively.

The fire detection and alarm system had been recently upgraded to a full addressable system. This means that the location of the activated device would appear on the panel, leading to a faster response to the alarm.

The emergency lighting was in the progress of being upgraded and the inspector saw new emergency lighting fittings throughout the centre. Upon completion, the upgraded emergency lighting system would further improve the means of escape in the centre. Fire fighting equipment was also provided throughout.

The fire alarm system, emergency lighting and fire fighting equipment were serviced and up to date.

Escape routes were kept clear and unobstructed. Exits were locked with a key and there were systems in place to ensure staff carried a copy of the master key and a back up key was also available in a break glass unit beside each door concerned. However, the exit from the conservatory required a different key to open it from the inside. This key was in a break glass unit, but the master key only opened the door from the outside.

Regulation 28: Fire precautions

Improvements were required by the provider to take adequate precautions against the risk of fire. There was inappropriate storage on escape routes. The gas shut off point was located behind the cooker and may not be accessible if a fire was to start.

Notwithstanding the recently installed fire alarm system, the inspector noted areas which required additional fire detection to ensure adequate detection of fire. For example, a small store beneath the main stairwell.

The door to one bedroom was damaged and unable to close. The door to another bedroom had a gap noted between the door frame and ceiling which required sealing up. The provider confirmed to the inspector that these would be repaired and evidence to verify this was submitted subsequent to the inspection.

While there was a programme of work to upgrade or replace fire doors, the inspector noted other areas where improvements were required to ensure adequate containment of fire. The ceilings contained attic hatches and which were not fire rated and there were other service penetrations through the ceiling which required sealing up. Assurance was also required regarding the compartment boundary between the upper floor and the secondary escape stairs. The door was not located within the fire compartment boundary enclosing the stairway.

The exit from the conservatory had an alternative arrangement not consistent with the other exits. This required review to ensure adequate means of escape.

The inspector found that improvement was required to ensure adequate arrangements were in place for evacuating residents, where necessary in the event of a fire. The provider confirmed that the first floor would be included in the drills scheduled for the following week.

Judgment: Not 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 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 28: Fire precautions	Not compliant

Compliance Plan for Asgard Lodge Nursing Home OSV-0005187

Inspection ID: MON-0035216

Date of inspection: 01/03/2022

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
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>FIRE SAFETY RISK ASSESSMENT:</p> <ul style="list-style-type: none"> - As highlighted in this report, a Fire Safety Risk Assessment has been conducted in our Home - Said report was completed by a competent third party and has a time bound action plan - Timeframes and action plans are clear to follow where Asgard Lodge Nursing Home can confirm we are implementing the recommendations in said report within the specified time frames - Date for all works to be completed by is 31 May 2022 <p>ENGAGEMENT WITH COMPETENT THIRD-PARTIES TO SPEED UP PROGRESS OF WORKS:</p> <ul style="list-style-type: none"> - Asgard Lodge Nursing Home have also engaged with a competent person who is working with the Management Team in our Home to complete the fire containment works - Under the instruction of this competent person, a competent third party was also engaged to source and fit all necessary new and replacement fire doors - Under the instruction of the competent person, a competent third party was also engaged to create a sub compartment in our first-floor attic space - Under the instruction of the competent person, a competent third party was also engaged to fit extra emergency lighting - Along with our own internal Maintenance, competent third parties were also engaged to address any other fire gaps in our home - All of the above was implemented to help us reach all targets within timeframes as specified - Date for all works to be completed by is 31 May 2022 <p>FIRE SAFETY PROGRAMME:</p>	

- As highlighted in the HIQA report, Asgard Lodge Nursing Home recently developed a fire safety programme to help identify fire safety prevention and control activities and to reduce the risk of fire in the home
- This was just recently implemented in February of this year and will be kept under review

LOCAL FIRE MANAGEMENT AUDIT:

- As per the HIQA report, Asgard Lodge Nursing Home have completed a major fire management audit on 15 Feb 2022 and are working towards achieving all our major actions within specified timelines
- Audits will be conducted on a quarterly basis as per our Audit schedule where our next Fire Management audit is scheduled for 26 May 2022

MANAGEMENT MEEETINGS:

- Asgard Lodge Nursing Home conduct regular management meetings where Fire Management is standard on the agenda for each meeting
- To add to this the management team conduct informal weekly update meetings where fire prevention is discussed along with status updates and timelines

DELAY IN COMPLETING WORKS DUE TO CIRCUMSTANCES OUTSIDE OUR CONTROL:

- Asgard Lodge Nursing Home would like it noted that the delay in implementing necessary remedial works with regards to fire was in instances outside our control where owing to personal circumstances with regards to third parties and also owing to the Covid Pandemic we were unable to proceed with these works

Regulation 28: Fire precautions	Not Compliant
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**Outline how you are going to come into compliance with Regulation 28: Fire precautions:
GAS SHUT OFF:**

- As discussed with our Inspector on the day of our inspection, a Gas Slam shut system was in the process of being installed in the Kitchen and the Laundry while it would also trigger once the alarm was activated
- A Red Slam Shut button is now available at the exit doors in both the kitchen and the laundry where Gas will be shut off to the building at source once triggered by either button or by the triggering of the fire alarm system
- Asgard Lodge Nursing Home can confirm that the slam shut system was fully operational in Our Home by 16 March 2022

EXIT ROUTE – STORAGE:

- Two metal filing cabinets were being stored underneath a stairway beside an exit
- These two cabinets were moved post the inspection to an office space and a wall space where in both cases neither is near an escape route
- Said Cabinets were removed on 02 March 2022

ADDITIONAL FIRE DETECTION TO ENSURE ADEQUATE DETECTION OF FIRE:

- As discussed with our Inspector on the day of our inspection, Asgard Lodge Nursing Home had engaged with a competent third-party who conducted a full Fire Safety Risk Assessment of Our Home
- The report arrived the day after our inspection
- As well as the small store highlighted in the HIQA report, said report highlighted the need for extra fire detectors in a staff toilet, a visitor's toilet and the store room
- Asgard Lodge Nursing Home can confirm all detectors were fitted and fully operational in each of these highlighted areas by 16 March 2022

CONTAINMENT OF FIRE – ATTIC HATCHES:

- Asgard Lodge Nursing Home can confirm highlighted attic hatches have been addressed where said attic hatches are now fire rated
- Completed by 06 April 2022

CONTAINMENT OF FIRE – SERVICE PENETRATIONS IN CEILING:

- Asgard Lodge Nursing Home are addressing all highlighted Ceiling Penetrations
- Penetrations are being sealed under the guidance of a competent third party
- Completion date of 20 April 2022

CONTAINMENT OF FIRE – OTHER SERVICE PENETRATIONS:

- Asgard Lodge Nursing Home are addressing all other Service Penetrations
- Penetrations are being sealed under the guidance of a competent third party
- Completion date of 20 April 2022

CONTAINMENT OF FIRE – SUB-DIVISION OF FIRST FLOOR:

- Asgard Lodge Nursing Home engaged with a third-party who had conducted a full Fire Safety Risk Assessment of Our Home
- Said report highlighted the need to employ the services of a suitably qualified person to complete a sub-division of our first floor
- Asgard Lodge Nursing Home can confirm that the recommended sub-division has been created in the attic space where the first floor 6 bed compartment will now be sub-divided into two separate sub compartments of 4 and 2 beds
- The sub-division of the attic space was completed on 21 March 2022
- With regards to fire doors, a suitably qualified third party have also been engaged where the fire door for this sub compartment is in production and is due for delivery and fitting the week of 19 Apr 2022
- Asgard Lodge Nursing Home have also engaged with a suitably qualified person who will inspect and certify said works once the door is fitted
- This will enable us to conduct Horizontal Evacuations on our first floor going forward

COMPARTMENT BOUNDARY – FIRST FLOOR:

- Asgard Lodge Nursing Home engaged with a competent third-party to review the compartment boundary at the secondary escape exit
- It was found that the door was in its current location as were it to be beside the secondary exit it would have posed too much of safety risk as it would have meant Residents and Staff Members would have been opening the door directly onto the exit stairs and there was a risk of falling down the stairs when the door was being opened
- It was agreed that the best solution to mitigate against any sort of future risk was to

put a further layer of fire proof panelling onto the floor of the attic space above the secondary exit door

- This has been recommended by the competent third-party and will be completed by a competent person
- Once fire panelling is in place it will create a safe and secure sub compartment for residents to exit down
- We aim to have this completed by 06 May 2022

EXIT DOORS – CONSERVATORY:

- Asgard Lodge Nursing Home engaged with the locksmith who created the locking mechanism in Our Home and were able to obtain a Master Key Cylinder for Our Conservatory door
- We can now confirm that the conservatory door is in line with all other doors in that it can be opened both on the inside and the outside by the House Master Key
- Asgard Lodge Nursing Home can confirm that the cylinder was fitted and fully operational on 25 March 2022

EXIT ROUTE – LADDER STORED ON EXIT ROUTE WALL AT SHOULDER HEIGHT:

- Asgard Lodge Nursing Home can confirm this ladder was removed post the inspection to an outside storage space
- Said Ladder was removed on 02 March 2022

SIMULATED FIRE DRILLS:

- Asgard Lodge Nursing Home had scheduled a large-scale simulated drill on the Friday pre-our Inspection (Friday 25 February 2022) but owing to an event outside our control said drill had to be cancelled
- 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 and from our 6-bed compartment on Our First 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 for our largest compartment, 12 staff undertook the role of simulating residents, 3 staff acted as night time staff members and one staff member was an observer
- For Our First-Floor compartment 6 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 Residents so all could achieve learnings from this exercise
- Said Drill/Simulation took place on 11 March 2022



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 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.	Substantially Compliant	Yellow	26/05/2022
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	16/03/2022
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	31/05/2022

Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	25/03/2022
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	11/03/2022
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	16/03/2022
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	25/03/2022