Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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:	30 March 2026
Centre ID:	OSV-0005187
Fieldwork ID:	MON-0045559

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:	33

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
Monday 30 March 2026	08:00hrs to 15:30hrs	Laurena Guinan	Lead

What residents told us and what inspectors observed

Residents living in Asgard Lodge Nursing Home told the inspector that staff were very kind and that it was a 'home from home'. This was an unannounced inspection to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). Inspectors also followed up on the compliance plan from the previous inspection, and statutory notifications submitted to the Chief Inspector since the last inspection in May 2025.

The centre was purpose-built and spread over two floors, with access between the floors via stairs and a lift. A corridor inside the main door, on which the nurses' station was situated, led to a large sitting and dining space with access to a secure courtyard. Access to the courtyard was restricted to certain hours to allow for adequate staff supervision of residents using the space. Cardboard boxes that had been left for collection were seen close to the outdoor smoking area, and staff said they would remove these until the next collection day. A badly rusted chair was seen in the courtyard and the inspector was told that this was used every day by one resident. While the chair was not broken, staff acknowledged that it was not clean.

A doorway opposite the nurses' station led to a sitting area that was interconnected to a conservatory and a dining room. The dining room had three different menus on display, and each were in small print. The sitting room and conservatory were bright and nicely decorated, although the flooring in the sitting room was in a state of disrepair, and the paintwork on the walls and woodwork was chipped and damaged. Residents were watching a music programme on the TV in the sitting room in the morning, and in the afternoon they received visitors in both rooms. Further evidence of wear and tear on walls and skirting were seen in the corridors leading to residents' bedrooms, and in two additional communal rooms. Residents' bedrooms were seen to be tidy and many residents had personalised their room with their own belongings. However, chipped paintwork and damage to walls were seen in a number of bedrooms, and the doors to two en-suites were damaged. The fire escape route from the first floor had significant damp on the walls and ceiling, which the director said was an ongoing issue.

On the day of the inspection, the ensuite of a twin room was being refurbished. One of the beds in the room was occupied, while the other bed was dressed in preparation for an admission. The inspector saw that boxes of building materials and supplies were placed on the occupied bed, which had been partially covered. Items belonging to the resident were also exposed on their dresser. The inspector requested that the boxes were removed from the resident's bed, and their belongings properly secured to prevent breakage or exposure to dust.

There was a calm atmosphere in the centre throughout the day, and staff were seen to interact with residents in a kind and respectful manner. The inspector saw

breakfast and lunch being served. Breakfast was prepared individually, with some residents choosing to sleep late, while other residents rose early. Residents spoken with said that they liked deciding how to spend their day, and staff always respected their choices. Residents said that the food was tasty, and that there was always a good choice. The inspectors observed residents being offered a choice of food and drinks at each meal. There was adequate staff to assist residents at meal-times, and they did so in a respectful manner, sitting beside residents and engaging in pleasant conversation.

Visitors spoken with said that they were very happy with the care in the centre, and said the staff were very helpful. A family member said that their loved one always appeared happy and content, and staff encouraged them to participate in activities as much as possible. There was a varied schedule of activities on offer, and one resident said that they were delighted to be able to maintain their links with their community day service that they had been attending for a number of years prior to their admission.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impact on the quality and safety of the service being delivered.

Capacity and capability

There was a stable management structure in place that identified lines of authority and accountability, however, gaps were seen in the availability of resources and the systems in place to oversee the maintenance of premises, the completion of the compliance plan, and the management of residents' contracts.

Asgard Lodge Nursing Home Limited was the registered provider for Asgard Lodge Nursing Home. There was a person in charge who worked full-time in the centre and who was supported in their role by a team of clinical nurse managers, staff nurses, health care assistants, an activities coordinator, household, catering and maintenance staff. One of the directors also worked full-time in the centre and was present on the day of the inspection. An annual review for 2025 had been completed, and this was seen to have been done in consultation with residents and families. The inspector reviewed a sample of audits which showed a high compliance in areas such as restrictive practice and care plans. There was a system of staff, management and residents' meetings, but many items identified in these meetings did not have an action plan in place to address issues raised, which meant items remained unresolved for an extended period of time. This included many areas of maintenance which were seen outstanding on the day of inspection. Minutes of the meetings indicated that maintenance issues were not addressed due to a lack of resources. The inspector followed up on the compliance plan from the previous

inspection and saw that it had not been implemented in full. This will be discussed under Regulation 23: Governance and management.

The inspector spoke with the director and person in charge concerning the measures in place to minimise disruption to residents while refurbishment works were being carried out in the en-suite of a resident's bedroom. There was no risk assessment available, and there was no evidence that measures to safeguard and accommodate the resident and their belongings had been discussed and agreed, and that these measures had been communicated to the residents, their families and staff. The inspector requested that assurances that measures were in place to mitigate any risks identified were submitted to the Office of the Chief Inspector following the inspection.

The inspector reviewed a sample of residents' contracts of care and they documented the services to be provided and the fees to be charged for these services. However, not all the contracts correctly detailed the resident's room number and the occupancy of the room.

Regulation 23: Governance and management

The oversight systems in place to ensure that the premises were appropriately maintained and resourced were insufficient. This was evidenced by:

- Timelines for completing maintenance and refurbishment works were extended, and remained outstanding on the day of the inspection. For example:
    - Damage to floors and skirting boards were repeatedly addressed in meetings since June 2025 and were seen on inspection in May 2025. In a management meeting in March 2026, these repair works were again placed on hold.
    - Wall damage requiring repair was identified in a management meeting in May 2025 and was outstanding on the day of inspection.
- The oversight of refurbishment works underway on the day of the inspection had not ensured that the resident and their belongings were appropriately safeguarded and accommodated.
- The oversight of fixtures and fittings did not ensure they were in a good state of repair. For example:
    - Damaged doors were seen on the day.
    - The radiator in the visitors' room was badly rusted.
- Equipment for use by residents was not procured in a timely fashion. For example:
    - The minutes from an Infection Prevention and Control meeting in June 2025 stated that rusted commodes required replacement. These commodes were confirmed by the person in charge to still be in use in the centre and not replaced.

    - The need for a menu in large format was identified in an audit in October 2025 but had not been implemented.
    - An outdoor chair in daily use by a resident was badly rusted and unclean.
- Substantial mould that was confirmed to be a recurring issue was seen on the walls and ceiling in one area.

A review of the complaints procedure to include the timeline for the review process had not been completed, as committed to by the provider in the compliance plan from the previous inspection.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

Four of the six contracts reviewed on the day did not specify the room allocated to the resident, or the occupancy of the room.

Judgment: Substantially compliant

Quality and safety

Overall, residents in Asgard Lodge Nursing Home were seen to receive a good standard of care from staff who were knowledgeable of, and attentive to their needs, although some gaps were seen in care plans. Residents told the inspector that the centre was 'as close to home as you can get', and said that staff were always available to help.

Visitors were seen coming and going on the day of the inspection and they said they were always made to feel welcome. The provider had a visiting policy dated February 2025 which outlined the arrangements in place for residents to receive visitors. This included the process for normal visitor access, access during outbreaks, and arrangements for residents to receive visits from their nominated support persons during outbreaks. There was also a choice of rooms for residents to receive visitors in. One resident said that they went out regularly with their family, and staff were always willing to facilitate this.

Residents spoken with said that they had adequate space for their belongings, and felt that they were safe in the centre. There was a laundry on-site that had segregation of clean and dirty areas. Residents said their clothes were washed regularly, and they had no concerns with clothes or belongings going missing.

The inspector saw a schedule of fire drills that included vertical and horizontal evacuation from different zones, and documented the time taken to complete the evacuation. Staff had received training in fire safety and displayed a good understanding of fire evacuation procedures. Fire equipment was serviced regularly, and all fire exits were clearly signposted and free of obstruction.

The inspector reviewed a sample of care plans and saw that validated assessment tools were used to develop care plans within 48hrs of admission and these were reviewed every four months or as required. Residents who displayed responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) had care plans that were personalised with potential triggers and de-escalation techniques. Evaluation charts were completed following an incident of responsive behaviour, however, these did not correctly identify the resident's behaviour. This will be discussed under Regulation 5: Individual assessment and care plan. Restrictive practices were reviewed regularly, and assessments and care plans to support restrictive practices in use were found to be person-centred. There was also consent outlined from the resident or the nominated resident representative. Staff had received training in managing behaviour, and in restrictive practices, and displayed a good knowledge of how to apply the training in practice.

Regulation 11: Visits

Residents were supported to receive visitors and the registered provider had a policy in place to direct staff in how to facilitate visitors to the centre.

Judgment: Compliant

Regulation 12: Personal possessions

Residents' clothes were laundered regularly and returned to them. Residents had adequate space for their clothes and personal possessions.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had taken adequate precautions against the risk of fire.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Assessment charts completed after incidents of responsive behaviour identified the cause of the resident's behaviour rather than the triggers. This meant that care plans were not person centred to ensure that staff were able to identify and respond to potential triggers, particularly as the resident's condition changed over time.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

Staff displayed good knowledge and skills to respond to and manage behaviour that challenges. Restraint was used in accordance with national policy.

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 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Compliant

Compliance Plan for Asgard Lodge Nursing Home OSV-0005187

Inspection ID: MON-0045559

Date of inspection: 30/03/2026

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:

A structured maintenance plan is being implemented to address all outstanding works, including floors, skirting boards and wall repairs. Additional maintenance resources have been put in place, including the appointment of an additional full-time maintenance staff member to complement the existing maintenance staff member. Immediate risks identified on the day of inspection have been addressed. All remaining actions are scheduled for completion within the specified timeframe and are reviewed at each management meeting to ensure completion.

Oversight of refurbishment works has been strengthened. Risk assessments are now completed in advance of all works, with clear controls in place to ensure residents and their belongings are appropriately safeguarded at all times. A phased programme of repair and replacement of fixtures and fittings is underway. Damaged doors and architraves are being replaced, and the radiator identified has been scheduled for replacement.

All equipment issues identified have been addressed. The commode has been replaced, a large-format menu has been introduced, and the outdoor chair has been removed from use.

The area affected by mould has been cleaned and is subject to ongoing monitoring. Additional ventilation measures are being progressed to prevent recurrence.

The complaints procedure has been fully reviewed and updated to include defined timelines for review and response.

Regulation 24: Contract for the provision of services	Substantially Compliant

Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:

All residents contracts have been reviewed and updated to ensure that they clearly specify the room allocated to the resident and the occupancy of that room, in line with regulatory requirements.

Regulation 5: Individual assessment and care plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

Care plans and associated behavioural assessment documentation have been reviewed to ensure that triggers, rather than causes, are clearly identified and recorded. All staff have received guidance on identifying and documenting triggers to support a proactive, person-centred approach to managing responsive behaviours. Existing care plans have been updated to reflect this, ensuring that potential triggers and appropriate interventions are clearly outlined. Care plans will continue to be reviewed regularly, and following any behavioural incidents, to ensure they accurately reflect residents needs as they change over time. Compliance with this will be monitored through regular care plan audits and management oversight.

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(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 monitored.	Substantially Compliant	Yellow	30/06/2026
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall	Substantially Compliant	Yellow	08/05/2026

	reside in that centre.			
Regulation 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).	Substantially Compliant	Yellow	08/05/2026