

**Health Information and Quality Authority  
Regulation Directorate**

**Compliance Monitoring Inspection report  
Designated Centres under Health Act 2007,  
as amended**



<b>Centre name:</b>	Asgard Lodge Nursing Home
<b>Centre ID:</b>	OSV-0005187
<b>Centre address:</b>	Monument Lane, Kilbride, Arklow, Wicklow.
<b>Telephone number:</b>	0402 32901
<b>Email address:</b>	asgardlodge@yahoo.ie
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Asgard Lodge Nursing Home Limited
<b>Provider Nominee:</b>	Andrea Tyrrell
<b>Lead inspector:</b>	Siobhan Kennedy
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	34
<b>Number of vacancies on the date of inspection:</b>	0

## About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

**Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.**

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 2 day(s).

**The inspection took place over the following dates and times**

From:	To:
26 July 2016 11:30	26 July 2016 18:00
27 July 2016 09:00	27 July 2016 18:00

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Substantially Compliant
Outcome 09: Medication Management	Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 12: Safe and Suitable Premises	Non Compliant - Moderate
Outcome 15: Food and Nutrition	Compliant
Outcome 18: Suitable Staffing	Compliant

**Summary of findings from this inspection**

This was a monitoring inspection by the Health Information and Quality Authority (the Authority).

The inspection assessed the level of compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

The centre was registered to provide accommodation for a maximum of 34 residents.

Governance and management of the centre was found to be satisfactory. The management team which consists of the registered provider and person in charge were aware of their legal obligations in operating a designated centre. The person in charge was experienced and knowledgeable regarding the legislation governing residential care. Staff of various grades were aware of the organisational structure of the centre and of the ethos and principles underpinning the provision of nursing and social care in the designated centre.

The matters arising from the previous inspection carried out on 30 September 2014

were satisfactorily addressed. These related to governance and management and health and safety and risk management.

Residents and relatives were positive in their feedback to the inspector and expressed satisfaction about the facilities and the services and care provided. They were complimentary about all aspects of residents' care and the support provided by staff and management.

The inspector found from an examination of the staff rosters, communication with staff on duty and residents and relatives that the levels and skill mix of staff at the time of inspection were sufficient to meet the needs of residents. There was evidence that staff had access to education and training, appropriate to their role and responsibilities.

Residents had good access to nursing, medical and allied health care and the administration of medicines was satisfactory. Residents' assessed needs and arrangements to meet these assessed needs were set out in individual plans.

There were measures in place to protect residents from being harmed or suffering abuse and information received confirmed that residents felt safe in the centre.

The provisions in place relating to health and safety and risk management were satisfactory with the exception of having individual evacuation plans for each resident .

Since last inspection, the premises had been extended and this had greatly enhanced the living space for residents. Some issues were identified for further action, however, refurbishment work is ongoing.

Primarily, the centre was in compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland and the action plan of this report outlines the matters to be addressed from this inspection.

Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

***Outcome 01: Statement of Purpose***

***There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.***

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

The statement of purpose was reviewed and amended following discussions with the inspector. It detailed the aims, objectives and ethos of the centre, outlined the facilities and services provided for residents and contained information in relation to the matters listed in schedule 1 of the Regulations.

The provider understood that it was necessary to keep the document under review and notify the Chief Inspector in writing before changes could be made which would affect the purpose and function of the centre.

**Judgment:**

Compliant

***Outcome 02: Governance and Management***

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

**Theme:**

Governance, Leadership and Management

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

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

**Findings:**

The matter arising from the previous inspection related to providing a more robust

system for monitoring and reviewing the service provision. The inspector saw that management had systems in place to capture statistical information in order to systematically monitor the service and compile an annual review of the quality and safety of care delivered to residents. For example audits were carried out and analysed in relation to accidents, complaints, nutrition, privacy and dignity, the premises, epilepsy management, care planning, and medication management (internal and external audits). The inspector was informed that the findings are disseminated to staff during meetings and the outcomes and recommendations are displayed in the nurse station for reference. These audits/information was made available for examination by the inspector.

The inspector found that there was a clearly defined management structure that identifies the lines of authority and accountability, specifies roles and details responsibilities for the areas of care provision. This was outlined in the statement of purpose and staff were familiar with their duty to report to line management.

Interviews of residents and relatives during the inspection were positive in respect of the provision of the facilities and services and care provided. There were no areas of concern or further improvement identified.

There was evidence of consultation with residents and their representatives in a range of areas, for example, the assessed needs of residents, the care planning and review process, involvement in social and recreational activities, meals provided and regarding the new extension of the centre and the day refurbishment of the existing premises.

**Judgment:**  
Compliant

***Outcome 04: Suitable Person in Charge***

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

**Theme:**  
Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

The centre was being managed by a suitably qualified and experienced nurse who has authority and is accountable and responsible for the provision of the service.

She is a registered general nurse, has experience of working with older persons and works full time.

During the inspection she demonstrated that she had knowledge of the regulations and Standards pertaining to the care and welfare of residents in the centre.

She is supported in her role by nursing, care, administration, maintenance, kitchen and housekeeping staff, who report directly to her and she in turn to the registered provider.

The person in charge and the staff team including the registered provider had facilitated the inspection process by providing documents and had good knowledge of residents' care and conditions. Staff confirmed that good communications exist within the staff team and relatives and residents highlighted the positive interactions and support provided by the entire team.

**Judgment:**

Compliant

***Outcome 07: Safeguarding and Safety***

***Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.***

**Theme:**

Safe care and support

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

No actions were required from the previous inspection.

**Findings:**

Measures were in place to protect residents from being harmed or suffering abuse. There was a policy which provided guidance for staff to manage incidents of elder abuse. This included information on the various types of abuse, assessment, reporting and investigation of incidences. The person in charge clearly demonstrated her knowledge of the designated centre's policy and was aware of the necessary referrals to external agencies, including the Health Service Executive (HSE) designated officer responsible for the protection of residents from abuse.

The training records identified that staff had opportunities to participate in training in the protection of residents from abuse. Staff were fully knowledgeable regarding reporting procedures and what to do in the event of a disclosure about actual, alleged, or suspected abuse.

Great emphasis was placed on residents' safety and the inspector saw that a number of measures had been taken to ensure that residents felt safe while at the same time had opportunities for maintaining independence and fulfilment.

For example there was a keypad lock on the main entrance of the centre but internally all other communal areas were accessible to residents. The inspector saw that there were facilities in place to assist residents to retain their mobility for example hand and grab rails in all areas.

During interviews with the inspector residents confirmed that they felt safe in the centre due to the measures taken such as a locked front door entrance and relatives confirmed that they were satisfied that residents were protected from harm and were safe in the designated centre due to the support and care provided by the staff team.

There was a policy and procedures in place that promotes a positive approach to the behaviours and psychological symptoms of dementia (BPSD).

Staff had implemented a care plan for a resident with challenging behaviours following an assessment of the resident using a validated assessment tool. The inspector found that staff were knowledgeable regarding the measures that were to be implemented to assist the resident to manage the behaviours.

A restraint free environment was fully promoted. This included the use of low low beds and crash mats. Where bedrails were used this was done following an assessment and trial of other measures. A review of the restraint was in place.

On the days of the inspection in the main, all of the residents were up and about during the day.

Incidents where restraint was used were notified to the Authority in accordance with the regulation.

The inspector reviewed the system in place to manage residents' money, and found that it was sufficiently comprehensive to ensure transparency and security. Residents' financial transaction records were signed and witnessed by two staff or a staff member and the resident. In general residents had a locked facility in their own bedrooms to secure their possessions and valuables. This facility was to be installed in four new bedrooms. See outcome 12 for action plan.

**Judgment:**  
Compliant

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

**Theme:**  
Safe care and support

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

**Findings:**  
The matter arising in the previous inspection related to the insufficiency of the risk management policy to guide the practices of managing risk in the centre. The inspector reviewed the risk management procedures and found that they had been reviewed and amended to include identifying, assessing, risk rating and managing risk in the centre.



There was a comprehensive risk register which identified the risks and put controls in place either to minimise or fully control the risk. No obvious major risks were noted by the inspector during the inspection. The inspector observed staff moving and handling residents and this was carried out in a dignified and satisfactory manner.

There was an up to date health and safety statement and related policies and procedures.

The inspector reviewed the emergency plan and found it to be sufficient to guide staff and management in their roles and duties in the event of an emergency evacuation. The inspector reviewed logs of daily, weekly, monthly, quarterly and annual checks and tests by the staff and by external organisations and found them to be well maintained. Certification and inspection documents were maintained on fire fighting equipment service, emergency lighting tests and the fire drills were conducted as part of staff fire safety training. Fire doors were fitted with electronic or magnetic hold open devices which would close in the event of an emergency situation. Emergency exits and fire assembly points were clearly indicated. Staff who communicated with the inspector demonstrated that they were familiar with evacuation procedures and the needs of each individual resident, however, individual personal emergency evacuation plan (PEEP) for each resident that clearly identified the resident's cognitive and mobility levels and requirements for assistance in the event of an emergency evacuation either during the day or night time had not been compiled.

Infection control precautions within the centre were satisfactory. The centre was clean and household staff were able to describe the infection-control procedures in place.

**Judgment:**

Substantially Compliant

***Outcome 09: Medication Management***

***Each resident is protected by the designated centre's policies and procedures for medication management.***

**Theme:**

Safe care and support

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

No actions were required from the previous inspection.

**Findings:**

The inspector was informed by a staff nurse administering medicines to residents that the medication policy and procedures were useful guides in the management of residents' medication. They included information on the prescribing, administering, recording, safekeeping and disposal of unused or out of date medicines.

Prior to administering medicines to residents the inspector observed the staff nurse consulting with residents, seeking approval from residents for the inspector to accompany the staff nurse while administering medicines and performing good hand

hygiene.

Medicines were contained in a blister pack prepared by the pharmacist. Prescription and administration sheets were available. The inspector saw that the administration sheet contained the necessary information for example the medication identified on the prescription sheet, the signature of the staff nurse administering the medicine and the times of administration which corresponded to the prescription times.

There was evidence of the general practitioner (GP) reviewing residents' medicines on a regular basis. The inspector was informed and saw that an audit of the system had been carried out in order to highlight and subsequently control any risks which may be identified by staff operating it.

The system for storing controlled drugs was seen to be secure. Controlled drugs were stored safely in a double locked cupboard and stock levels were recorded at the beginning/end of each shift in a register in keeping with the Misuse of Drugs (Safe Custody) Regulations, 1982. The inspector examined medicines available and this corresponded to the register.

**Judgment:**  
Compliant

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

***Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.***

**Theme:**  
Effective care and support

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

**Findings:**  
The centre provides care primarily for residents with long-term nursing needs.

From an examination of a sample of residents' care plans, discussions with residents, relatives and staff, the inspector was satisfied that the nursing and medical care needs of residents were assessed and appropriate interventions/treatment plans implemented.

There was information which detailed residents' choices with regard to daily routines and menu choices. Risk assessments such as dependency, moving and handling, falls, nutrition and continence were carried out routinely. The care plans were up-to-date and a system for auditing was in place. There was evidence that families and residents' representatives were involved in the residents' care plans and review of care. Relatives confirmed that staff informed them of their relatives' health care needs and any changes

in their conditions. Relatives were informed if a resident was transferred to hospital and with advance notice would accompany the resident to appointments.

The inspector saw that residents' care plans were formally reviewed on a 3 to 4 monthly basis. This was carried out by nursing staff who coordinates the care for an allocated number of residents. The inspector heard the views of two GPs who were in the centre reviewing residents' care. The GP's were positive regarding the systems that the person in charge had in place for reviewing residents' care and communicated to the inspector that appropriate treatment plans as agreed by a multidisciplinary team were put in place to bring about good outcomes for residents' health and well-being.

Health care assistants were involved in the care planning process to the extent that on a daily basis they provided information regarding residents' conditions and care to the nursing staff to be written up in the residents' daily notes which assists in determining if the care plan is implemented and effective or otherwise.

There were arrangements in place to manage and monitor wounds. The inspector examined the care plans of 2 residents with wounds. The nursing team were aware that wound prevention and treatment was multi-factorial and the inspector saw specific person-centred care plans and regular reviews. Wound assessment charts were in place and provided a clinical picture for comparative purposes to monitor whether the wound was progressing or regressing. A noted improvement was evident for both residents. There was a policy of photographing wounds and this was practiced by the staff. There was documentary evidence that residents were reviewed by tissue viability specialist services. Repositioning charts and monitoring charts for fluid and nutritional intake were available. Aids such as pressure relieving mattresses and specialist cushions were in place for those residents at risk of developing pressure ulcers. Evidence was available that there was a procedure in place to regularly check the correct functioning of these aids and to ensure settings were correctly set. Pain assessment charts were in place.

There were systems in place to ensure residents' nutritional needs were met, and that they did not experience poor hydration. Residents were screened for nutritional risk on admission and reviewed regularly thereafter. Residents' weights were checked on a monthly basis, and more frequently when indicated. Nutritional care plans were in place that detailed residents' individual food preferences, and outlined the recommendations of dieticians and speech and language therapists where appropriate. Nutritional and fluid intake records when required were appropriately maintained. The inspector found that residents with diabetes were appropriately managed.

There was evidence of appropriate medical and allied health care for example, referrals to the resident's GP, dental, and physio therapists. The inspector noted that residents had seating assessments carried out and an out of hour's service is available.

Management and staff told the inspector that residents and their family members are supported and end of life care is provided in accordance with the residents and their families' wishes. These are outlined in an advance directive/end of life care plan. The resident's general practitioner and community palliative care services are available as required and provide a good support for the residential care staff team. Residents' religious practices are facilitated within the centre.

**Judgment:**  
Compliant

***Outcome 12: Safe and Suitable Premises***

***The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.***

**Theme:**  
Effective care and support

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

No actions were required from the previous inspection.

**Findings:**

The premises were designed and laid out to meet the needs of the residents, and all parts of the building and grounds were accessible to residents. Since the last inspection the proprietors extended facilities which have greatly enhanced the designated centre.

The designated centre is a purpose-built building with residents' bedroom and communal facilities on the ground floor and some bedrooms on the first floor. The centre comprises of 24 single bedrooms and 5 twin rooms. Eighteen of these rooms have an ensuite facility (some are a shared ensuite facility).

Communal facilities include a living room, snug, lounge, atrium, dining room and conservatory.

Additional services include a kitchen, nurse station/offices, laundry and sluicing facilities.

Externally there is sufficient car parking space, gardens with an enclosed veranda and courtyard.

The inspector noted that the bedrooms in the recent extension were well proportioned and suitably decorated. They had individual ensuite facilities (toilet and wet room shower facilities) which were spacious and could comfortably accommodate modern day equipment such as hoists and specialised seating.

All of the bedrooms were fitted with an emergency alarm system and hand and grab rails.

There was a lockable storage for valuables in each of the bedrooms with the exception of the new extension (4 bedrooms).

Residents were encouraged to bring in their own personal mementos and furnishings

which many availed of.

There were an adequate number of large and medium size sitting rooms, day rooms for activities, and quiet space in which residents could receive visitors.

Communal bathrooms contained appropriate bathroom ware and wet room space for residents. There were handrails in the corridors. A list was located centrally for both floors.

Close-circuit television (CCTV) was present in the centre and camera devices were subtly placed, and notices of their presence were advertised. There were suitable outdoor areas for residents. Car parking spaces were available in the grounds of the centre.

The centre was appropriately painted and decorated. Residents, relatives and visitors to the centre highlighted the homely nature of the centre.

Furnishings throughout were modern and bright and the centre was well decorated in a comfortable manner. There was adequate heating and natural lighting.

Full time maintenance staff work in the designated centre.

The following matters required to be addressed: –

- Privacy locks were not available on shared ensuite facilities and some bathrooms.
- Some wardrobe doors were not closing fully.
- A hoist was stored in a bedroom.
- An electric socket was loose in room number 2.
- A corridor and some bedrooms were in need of being redecorated.
- Some floor coverings were damaged and broken floor tiles were noted in an ensuite facility.
- There was inadequate signage in respect of communal bathrooms and some residents' bedrooms.
- Weatherproofing paintwork on the external fence was worn.
- It was not possible to check the setting on a pressure relieving mattress monitor as the knob was missing.

**Judgment:**

Non Compliant - Moderate

***Outcome 15: Food and Nutrition***

***Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.***

**Theme:**

Person-centred care and support

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

No actions were required from the previous inspection.

**Findings:**

Residents were provided with food and drink at times and in quantities adequate for their needs. The food was properly served and presented in an appetising way. Menus showed a variety of choices at mealtimes and there was a menu on each table.

There were sufficient staff on duty to offer assistance to residents in a discreet and sensitive manner. There was an emphasis on residents' maintaining their own independence and appropriate equipment was provided to support this. Residents confirmed their satisfaction with mealtimes and food provided. Relatives were positive in their comments about the mealtimes.

The dining rooms were spacious and the inspector heard from residents that they were satisfied with the dining experience.

Documentation showed that staff were knowledgeable of the nutritional care needs of the elderly. This included weight loss and gain, what to do when changes occur, dysphagia and the completion of food and fluid records.

Staff members and records of staff meetings confirmed that there was good communication between catering and care staff so as to ensure that appropriate meals which met residents' needs were served.

Documentation in the residents' care plans examined by the inspector showed that residents were weighed on a monthly basis and appropriate action taken as necessary.

There was a policy on food, nutrition and hydration management.

Care plans contained risk assessments regarding nutrition and detailed residents' requirements and preferences. Referrals to Allied health professionals such as general practitioner, speech and language and occupational therapists, dietician and dentists were evident in the documentation.

Snacks and beverage were offered to residents at intervals between main meals and visitors to the centre were offered refreshments and/or a meal. Water dispensers and fresh fruit were available.

**Judgment:**

Compliant

***Outcome 18: Suitable Staffing***

***There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act***

***2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.***

**Theme:**  
Workforce

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

No actions were required from the previous inspection.

**Findings:**

The inspector found that staffing levels and the skill mix of staff to be sufficient to meet the needs of the residents in the centre. There were appropriate numbers of healthcare assistants and nurses on shift at all times of day and night and the planned and actual staff rosters clearly identified staff by name, role, area of duty and shift times.

All staff were up to date on their mandatory training, for example, fire safety, manual handling, infection prevention and control and protection of residents from abuse. The majority of staff had received training in dementia care and the feeding and dysphagia was planned for 3 August 2016.

Staff who communicated with the inspector demonstrated that they had a good knowledge of the residents in the centre and were familiar with procedures of emergency evacuation, and in identifying and reporting instances of resident abuse.

Residents and their representatives were full of praise for the staff team and spoke highly of their competency, friendliness and delivery of care.

The inspector observed staff on the floor being patient and friendly towards residents, and being respectful towards their privacy and dignity for example knocking on residents' bedroom doors and waiting for permission to enter.

There were satisfactory arrangements for supervision and development of staff which included induction, probationary period and an annual appraisal system.

The inspector reviewed a sample of personnel files and found them to contain all documentation required by Schedule 2 of the regulations.

Management were aware of the systems to have in place regarding the vetting, supervising and establishing the level of involvement for volunteers and persons on work experience in the centre.

**Judgment:**  
Compliant

## Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

### **Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

### ***Report Compiled by:***

Siobhan Kennedy  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority



## Health Information and Quality Authority Regulation Directorate

### Action Plan



#### Provider's response to inspection report<sup>1</sup>

Centre name:	Asgard Lodge Nursing Home
Centre ID:	OSV-0005187
Date of inspection:	26/07/2016
Date of response:	19/08/2016

#### Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

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

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

##### Theme:

Safe care and support

##### **The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

As part of the arrangements for evacuating residents in the event of fire, individual personal emergency evacuation plan (PEEP) that clearly identified the resident's cognitive and mobility levels and requirements for assistance in the event of an emergency evacuation either during the day or night time had not been compiled.

##### **1. Action Required:**

<sup>1</sup> The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

Under Regulation 28(2)(iv) you are required to: Make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and safe placement of residents.

**Please state the actions you have taken or are planning to take:**

We are in the process of developing a PEEP for each resident.

**Proposed Timescale:** 09/09/2016

**Outcome 12: Safe and Suitable Premises**

**Theme:**

Effective care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

The premises did not conform to the matters set out in schedule 6 as follows: –

- Privacy locks were not available on shared ensuite facilities and some bathrooms.
- Some wardrobe doors were not closing fully.
- A hoist was stored in a bedroom.
- An electric socket was loose in room number 2.
- A corridor and some bedrooms were in need of being redecorated.
- Some floor coverings were damaged and broken floor tiles were noted in an ensuite facility.
- There was inadequate signage in respect of communal bathrooms and some residents' bedrooms.
- Weatherproofing paintwork on the external fence was worn.
- It was not possible to check the setting on a pressure relieving mattress monitor as the knob was missing.

**2. Action Required:**

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

**Please state the actions you have taken or are planning to take:**

- Privacy locks are now in place. Complete.
- Wardrobes have been adjusted. Complete.
- Hoist was removed. Complete.
- Telephone socket cover adjusted on inspection day.
- Maintenance and redecoration is ongoing.
- Floor coverings will be renewed. 30 September 2016.
- Tile in ensuite has been repaired. Complete.
- Signage is under review. 31 October 2016.
- Painting of fence to be completed by 30 September 2016.
- Mattress has been replaced. Complete.

Proposed Timescale: As above
<b>Proposed Timescale: 31/10/2016</b>