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:	06 December 2022
Centre ID:	OSV-0005187
Fieldwork ID:	MON-0038230

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:	34

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
Tuesday 6 December 2022	11:30hrs to 18:00hrs	John Greaney	Lead
Wednesday 7 December 2022	08:30hrs to 13:30hrs	John Greaney	Lead

What residents told us and what inspectors observed

Overall, the inspector found that the provider, person in charge and staff were working to enhance the quality of life and promote the rights, choices and independence of residents in the centre. The inspector met with a number of residents over the course of the inspection and all were very positive about their experience of living in the centre and were complimentary of the quality of care provided and of the responsiveness of staff. Residents were offered choice in many aspects of their care, such as what activities they wished to pursue, what meals they would like to eat and their individual choices around what items of clothing they wished to wear.

On arrival for this unannounced inspection, the inspector was guided through the centre's infection prevention and control (IPC) procedures by the assistant director of nursing (ADON). The person in charge was on leave, so an opening meeting was held with the ADON and one of the directors followed by a tour of the centre. The person in charge was also present in the centre on the inspector's arrival.

Asgard Lodge Nursing Home provides long term care for both male and female adults with a range of dependencies and needs. The centre is situated in a rural area not far from the town of Arklow, Co. Wicklow. It is a two storey facility that can accommodate thirty four residents in twenty four single and five twin bedrooms. Six of the single bedrooms are on the first floor and all other bedrooms and all communal space is on the ground floor. The first floor can be accessed by stairs and lift. Sixteen of the single bedrooms and one twin bedroom are en suite with shower, toilet and wash hand basin; six single rooms are en suite with toilet and wash hand basin; two of the single rooms share a bathroom that has a shower, toilet and wash hand basin; and each of the remaining four twin rooms have a shared bathroom with one of the other twin rooms. There are adequate communal shower facilities for those residents that do not have a shower in their bathroom.

Overall the general environment and residents' bedrooms, communal areas, toilets and bathrooms inspected appeared clean. The laundry facility supported the separation of clean and dirty laundry. The inspector saw that hand gel dispensers were readily available along corridors for staff in the centre and there were also a number of dedicated clinical hand wash basins in areas such as the laundry. There was adequate communal space that included a snug, a small lounge, a larger lounge, a conservatory and a dining room. Overall, the environment was generally homely. Improvements had been made since the last inspection that included new floor covering in the upstairs area and in parts of the ground floor.

Throughout the inspection, the inspector noted that the ADON and staff were familiar with residents, their needs including their communication needs and attended to their requests in a friendly manner. The inspector observed that staff knocked on residents' bedroom doors before entering. The inspector observed that residents were well dressed, appeared comfortable and relaxed with each other and

staff. Residents spoken with said they were happy with the care provided.

The inspector spoke with individual residents, and also spent time in communal areas, observing residents and staff interactions. The general feedback from residents was one of satisfaction with the care and the service provided. Residents told the inspector that they were happy in the centre and that the staff were kind and attentive. Residents who were unable to speak with the inspector were observed to be content and comfortable in their surroundings. The provision of care was observed to be person-centred. It was evident that staff knew the residents well and provided support and assistance with respect and kindness.

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 impacted on the quality and safety of the service being delivered. The levels of compliance are detailed under the individual regulations.

Capacity and capability

This was a risk inspection carried out by an inspector of social services to monitor compliance with the Heath Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The inspector followed up on the actions taken by the provider to address areas of non-compliance found on previous inspections.

The inspector found that, overall, this was a well-managed centre where residents were supported and facilitated to have a good quality of life. The quality and safety of the services provided were of an appropriate standard and the findings reflected a commitment from the provider to ongoing quality improvement for the benefit of residents who lived in the centre. A number of the actions required following the previous inspection had been completed by the provider. However, the inspector noted that further actions were required in the areas of notification of the absence of the person in charge, personnel records and policies and procedures.

Asgard Lodge Nursing Home Limited is the registered provider for Asgard Lodge Nursing Home. The company comprises three directors, one of whom is the person in charge. The two other directors are also involved in the day to day operation of the centre. From a clinical perspective, care was directed by the ADON in the absence of the person in charge. The ADON is supported in her role by a team of nurses, health care assistants, household, catering and activities staff.

The inspector found that the management structure was appropriate to the size, ethos, purpose and function of the centre. Appropriate resources were allocated to meet residents' needs. There were systems in place to review the safety and quality of care and support to residents. An annual review of the quality and safety of care delivered to residents had taken place for 2021.

The designated centre had sufficient resources to ensure effective delivery of good quality care and support to residents. On the day of the inspection there were sufficient numbers of suitably qualified staff available to support residents' assessed needs. A review of the staffing rosters found that housekeeping staff hours had increased since the previous inspection. Staff had the required skills, competencies and experience to fulfil their roles. The team providing direct care to residents consisted of a minimum of one registered nurse on duty at all times and a team of healthcare assistants. Communal areas were supervised at all times and staff were observed to be interacting in a positive and meaningful way with residents.

Staff had access to education and training appropriate to their role. Generally, recruitment was in line with recommended practice, however, some improvements were required in relation to the verification of previous employment for some staff. There was evidence that there was effective communication with staff in the centre.

There was a risk register in the centre which identified risks in the centre and controls required to mitigate those risks. Arrangements for the identification and recording of incidents was in place. There was a complaints policy and procedure in place, that included an appeals process. The procedure for making a complaint was on prominent display in the centre. There was a need to review the policy and the notice on display to ensure that full and accurate information in relation to the complaints process was contained in both documents. This is further discussed under Regulation 34. The inspector reviewed the complaints log and found that adequate records were maintained including the investigation and outcome of each complaint.

The provider had systems in place to monitor and review the quality of the service provided for the residents. There were arrangements in place for the oversight of quality and safety. A range of audits had been completed which reviewed various elements of the service such as medication management, infection prevention and control, care planning, and the dining experience. Adequate measures were in place to ensure the centre was clean and adequate records were maintained. The person in charge was on extended absence from the centre. While adequate arrangements were in place for the management of the centre in the absence of the person in charge, a notification had not been submitted to notify the office of the Chief Inspector of the absence.

Regulation 15: Staffing

The staffing levels and skill-mix were appropriate to meet the assessed needs of residents, in line with the statement of purpose.

There was sufficient nursing staff on duty at all times and they were supported by a team of healthcare staff. The staffing complement also included housekeeping, catering, administrative and management staff.

Judgment: Compliant

Regulation 16: Training and staff development

Training records provided to the inspector indicated that all staff had up-to-date training in the areas of safeguarding, manual and people handling, and responsive behaviour. Staff were also supported to attend training other training relevant to their role such as infection control, medication management, and wound care. There were appropriate measures in place for the induction and supervision of staff.

Judgment: Compliant

Regulation 21: Records

A review of a sample of four personnel records found that improvements were required, including:

- not all references were on headed paper and it was not indicated on the record that they were verified for authenticity. It was also not clear if the person giving the reference was in a supervising role.
- there were gaps in the employment history of some staff for which a satisfactory explanation was not recorded

Judgment: Substantially compliant

Regulation 23: Governance and management

A fire safety risk assessment (FSRA) had been completed in February 2022. Interim reports had identified that most of the works identified in the FSRA were in the process of being completed or had been completed, however, a final sign-off is required from a suitably qualified person that all the works have been done.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

A review of the accident and incident log indicated that notifications were submitted

in accordance with the requirements of the regulations.

Judgment: Compliant

Regulation 32: Notification of absence

A notification had not been submitted of the planned absence of the person in charge as required by the regulations.

Judgment: Not compliant

Regulation 34: Complaints procedure

The complaints policy and the notice on display did not identify the complaints officer. Additionally, the policy did not specify the person responsible for the oversight of complaints to ensure that complaints were addressed.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

While Schedule 5 policies were in place, not all had been reviewed at a minimum of every three years. Most were due for review in October 2022.

Judgment: Substantially compliant

Quality and safety

The findings of this inspection showed that the management and staff strived to provide a good quality of life for the residents living in the centre. Over the course of the inspection the inspector observed a well-managed centre where the care delivered to residents was of a high standard. A human rights-based approach to care was seen to be promoted and residents spoken with confirmed that this approach was apparent to them in the way staff communicated and interacted with them. While findings on this inspection demonstrated a commitment to compliance with the regulations inspected, there were some aspects of infection control, the

premises and fire safety that required action.

Residents had timely access to a good standard of nursing and medical care. The inspector was informed that five general practitioners (GPs) visited the centre and that residents were reviewed on a regular basis. Access to specialised services such as psychiatry of later life were available when required. Residents' records showed that residents had access to services such as dietetics, speech and language therapy and tissue viability nursing.

Each resident had an individual care plan which was personalised to meet their needs on an individual basis. Care plans were supported by comprehensive assessments using evidence-based tools for assessing issues such as the risk of falling, the risk of developing pressure sores or the risk of malnutrition.

The provider had a policy on the use of restrictive procedures that was most recently reviewed in January 2020. This policy detailed the measures that would be put in place with any restrictions, such as a full risk assessment, trialling alternatives, a care plan and informed consent. The inspector found that practice within the designated centre was in line with national policy of the Department of Health Towards a Restraint Free Environment in Nursing Homes. There were no residents in the centre using bed rails on the date of this inspection.

The inspector was told that the provider was not a pension agent for any residents.The provider had a policy on Safeguarding of Vulnerable Adults. Training records showed that staff were trained in relation to the detection and prevention of and responses to abuse. Staff spoken with were knowledgeable on how to respond to various types of abuse that could take place and residents spoken with reported to feel safe within the centre.

Fire fighting equipment was serviced at the required intervals. Emergency exits were clearly marked and free of obstruction. Fire safety systems were checked daily and weekly as required. Fire evacuation drills, both vertical and horizontal, were carried out and areas for improvement were recorded at each drill. Findings in relation to fire safety were further outlined under Regulation 28 as some action was required, particularly in relation to fire doors.

Significant improvement works had been completed over the past year that included replacement of floor covering, two new boilers, new furniture and new equipment in the kitchen. Although the premises were found to be clean, there were some areas for improvement to ensure that the premises conformed to the matters set out in schedule 6 of the regulations. These are outlined under Regulation 17: Premises.

Overall residents' rights were upheld. They were seen to have choice in their daily living arrangements and had access to occupation and recreational activities.

The provider had a risk management policy, however, it was due for review like many of the other Schedule 5 policies. In addition to this policy, the provider had a safety statement and emergency plan.

Clinical and general waste was segregated in line with national guidelines. Ample

supplies of personal protective equipment (PPE) and alcohol based hand sanitisers were available in dispensers throughout the centre. Overall there was evidence of good infection control practice identified, action was required by the provider in order to fully comply with this regulation. Details of issues identified are set out under Regulation 27: Infection Control.

Regulation 11: Visits

Adequate arrangements were in place for residents to receive visitors and there was no restriction on visiting. A high level of visiting was seen over the course of the inspection. Visitors spoken with by the inspector were complimentary of the care provided to their relative and were happy with the visiting arrangements in place.

Judgment: Compliant

Regulation 12: Personal possessions

Residents' clothing was laundered in the centre. Adequate arrangements were in place for the return of laundry to residents following laundering. Residents expressed satisfaction with the service provided by the centre.

Judgment: Compliant

Regulation 13: End of life

It was evident to the inspector that appropriate care and comfort was provided to residents approaching end of life. Compassionate visits were facilitated and care was seen to be provided with dignity and respect to residents' at end of life.

Judgment: Compliant

Regulation 17: Premises

As found on a previous inspection, the grout in a shared bathroom were stained and it would not be possible to clean them effectively. Additionally, there continued to be evidence of mould spots on the ceiling of the bathroom.

Judgment: Substantially compliant

Regulation 26: Risk management

There was an up-to-date risk management policy and associated risk register that identified risks and control measures in place to manage those risks. The risk management policy contained all of the requirements set out under regulation 26(1).

A review of the accident and incident log found that incidents were documented and actions were taken to address any learning following an incident.

Judgment: Compliant

Regulation 27: Infection control

The inspector observed that personal hygiene items in shared bathroom were not adequately segregated to prevent cross contamination between residents.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Action was required in relation to fire doors to ensure that they would effectively contain smoke and flame in the event of a fire. For example:

- some fire doors did not close properly due to being slightly warped
- the door closure devices on some bedroom doors were sound activated and not all were functioning effectively on the day of the inspection

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

There were adequate arrangements in place for the ordering, receipt, storage, administration and disposal of medication, including drugs that that required additional controls. There were written operational policies and procedures in place on the management of medications in the centre. Medications requiring special

control measures were stored appropriately and counted at the end of each shift by two registered nurses. Good medication administration practices were in place and were supported by access to pharmacy services.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

A variety of validated assessment tools were used to assess the residents' individual needs. These assessments informed the residents' care plans and were easy to understand. These had been completed within 48 hours of admission and care plans were prepared based on these assessments. Care plans were updated within four months or more frequently where required.

Judgment: Compliant

Regulation 6: Health care

Residents had timely access to medical assessments and treatment by their General Practitioners (GP) and the ADON confirmed that GPs visited the centre when required.

Residents had timely referral and access to care of the older person services such psychiatry of later life. Services such as speech and language therapy, dietetics physiotherapy and occupational therapy were available when required. The inspector found that recommendations were acted upon which resulted in good outcomes for residents.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

A restraint free environment was supported in the centre. There were no residents using bed rails on the days of the inspection. Staff were familiar with each residents needs and preferences and these were recorded in residents' care plans.

Judgment: Compliant

Regulation 8: Protection

Residents spoken with stated that they felt safe in the centre and confirmed that staff were caring and kind. All interactions by staff with residents on the day of the inspection were seen to be respectful. All staff had attended training to safeguard residents from abuse. Residents had access to the services of an independent advocate and contact details were on prominent display in the centre. The provider was not pension agent for any resident. The provider held small sums of residents' money for safekeeping and appropriate records were maintained of transaction made on behalf of residents.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights to choice, privacy and dignity were respected in the centre and this was confirmed through the observations of the inspector and discussions with residents. Residents' social activity needs were assessed and their needs were met with access to a variety of meaningful individual and group activities.

Residents' meetings were held three regularly, which provided opportunities for residents to express their opinion on various aspects of care and life in the centre. Residents' survey results and minutes of residents' meetings indicated that residents were kept informed. The inspector saw evidence to indicate that there was good communication with relatives and residents about all aspects of care.

Information was available on how to access the services of an advocate should one be required.

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 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 32: Notification of absence	Not compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Asgard Lodge Nursing Home OSV-0005187

Inspection ID: MON-0038230

Date of inspection: 07/12/2022

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 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: ASGARD LODGE NURSING HOME REPLY: - Asgard Lodge Nursing Home have updated our policies and procedures to include the need for all references to be on headed paper or from a verified email address and to make sure that said references were given by a person in a supervisory role so as to verify their authenticity - Asgard Lodge Nursing Home have updated our policies and procedures to include the need to identify and address any gaps in a potential employee's employment history so as to obtain a satisfactory explanation of so	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: ASGARD LODGE NURSING HOME REPLY: - Prior to Our Inspection, a suitably qualified third party had been engaged and was in the process of conducting the diligence around issuing a Final Sign Off Fire Safety Report in respect of Asgard Lodge Nursing Home - A Certificate of Fire Compliance for the Premises of Asgard Lodge Nursing Home was subsequently issued on the 8th of January 2023 - Said report was provided to HIQA upon receipt	

Regulation 32: Notification of absence	Not Compliant

Outline how you are going to come into compliance with Regulation 32: Notification of absence:
ASGARD LODGE NURSING HOME REPLY:

- Post Our inspection, Asgard Lodge Nursing Home submitted a notification of absence to the office of the Chief Inspector in relation to the planned absence of Our DoN from Our Home while on Maternity Leave
- The Management Team in Asgard Lodge Nursing Home had not originally submitted this notification under the pretense that the Chief Inspectors Office did not need to be notified as this absence was not permanent and was only for a set period of time
- We accept we had mistakenly misinterpreted the Regulations around this and have looked to address by submitting Our Notification Post Our Inspection

Regulation 34: Complaints procedure	Substantially Compliant

Outline how you are going to come into compliance with Regulation 34: Complaints procedure:
ASGARD LODGE NURSING HOME REPLY:

- Asgard Lodge Nursing Home have updated our policies and procedures to include the clear identification of the person responsible for the oversight of complaints to ensure that complaints were addressed

- Asgard Lodge Nursing Home have updated our policies and procedures to include the clear identification of a Complaints Officer for Our Home
- Said Officer meets with Management to review all active complaints with a view to the satisfactory resolution of each

Regulation 4: Written policies and procedures	Substantially Compliant

Outline how you are going to come into compliance with Regulation 4: Written policies

and procedures:
ASGARD LODGE NURSING HOME REPLY:

- Post Our inspection, Asgard Lodge Nursing Home updated all Schedule 5 Policies which were due for review
- Asgard Lodge Nursing can now confirm all Schedule 5 Policies are up to date

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
ASGARD LODGE NURSING HOME REPLY:

- Asgard Lodge Nursing Home have engaged with a suitably qualified third party to remove all grout and tiles from this shared bathroom and replaced with new

- Mould spots have been addressed in the short term while a new extractor fan will be fitted post this work to reduce the risk of a buildup of condensation

Regulation 27: Infection control	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
ASGARD LODGE NURSING HOME REPLY:

- Asgard Lodge Nursing Home conducted an audit of all shared bathrooms and have now put adequate arrangements in place so Our Residents personal hygiene items are segregated to prevent cross contamination
- This segregation will be maintained through regular auditing and increased staff awareness during their daily routines

Regulation 28: Fire precautions	Substantially Compliant

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

SOME FIRE DOORS DID NOT CLOSE PROPERLY DUE TO BEING SLIGHTLY WARPED
- Asgard Lodge Nursing Home engaged with a suitably qualified tradesperson who reviewed the affected doors and remedied the gaps between these highlighted doors and the architraves

THE DOOR CLOSURE DEVICES ON SOME BEDROOM DOORS WERE SOUND ACTIVATED AND NOT ALL WERE FUNCTIONING EFFECTIVELY ON THE DAY OF THE INSPECTION
- Asgard Lodge Nursing Home had invested in Sound Activated Door Closure Devices which unfortunately owing to other alarms (Bed Alarms, etc…) had become troublesome for Our Home
- To confirm, the Door Closures would activate in the case of a Fire Alarm but would not stay open as intended
- As advised to Our Inspector on the day of Our Inspection, a different model of Door Closures had been purchased and delivered to Our Home. We were awaiting a suitably qualified tradesperson to test and fit the first one
- This was fitted and tested the day after our Inspection
- Asgard Lodge Nursing Home can confirm, the test was successful and all existing troublesome Door Closures have been removed and have been replaced with the working models
- These were fitted on six doors in total, are working as intended and were inspected by a suitably qualified third party as evidenced by Our Certificate of Fire Compliance for the Premises of Asgard Lodge Nursing Home issued on the 8th of January 2023

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 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	03/02/2023
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	09/12/2022
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	Substantially Compliant	Yellow	08/01/2023

	effectively monitored.			
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	30/12/2022
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	08/01/2023
Regulation 32(1)	Where the person in charge of the designated centre proposes to be absent from the designated centre for a continuous period of 28 days or more, the registered provider shall give notice in writing to the Chief Inspector of the proposed absence.	Not Compliant	Orange	12/12/2022
Regulation 34(1)(c)	The registered provider shall provide an accessible and effective	Substantially Compliant	Yellow	14/12/2022

	complaints procedure which includes an appeals procedure, and shall nominate a person who is not involved in the matter the subject of the complaint to deal with complaints.			
Regulation 34(3)(a)	The registered provider shall nominate a person, other than the person nominated in paragraph (1)(c), to be available in a designated centre to ensure that all complaints are appropriately responded to.	Substantially Compliant	Yellow	14/12/2022
Regulation 34(3)(b)	The registered provider shall nominate a person, other than the person nominated in paragraph (1)(c), to be available in a designated centre to ensure that the person nominated under paragraph (1)(c) maintains the records specified under in paragraph (1)(f).	Substantially Compliant	Yellow	14/12/2022
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the Chief Inspector may require but in any	Substantially Compliant	Yellow	16/12/2022

	event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.			