



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:	Announced
Date of inspection:	10 June 2024
Centre ID:	OSV-0005187
Fieldwork ID:	MON-0034922

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

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 10 June 2024	09:00hrs to 17:25hrs	Helena Budzicz	Lead
Monday 10 June 2024	09:00hrs to 17:25hrs	Yvonne O'Loughlin	Support

What residents told us and what inspectors observed

On the day of inspection, the inspectors observed that residents were supported to enjoy a good quality of life by a team of staff who were caring, kind and responsive to their needs. During this inspection, the inspectors spent time observing and talking to residents, visitors and staff. The overall feedback the inspectors received from residents was that they were happy living in the centre, with particular positive feedback given about the staff and management team. Visitors spoken with were very complimentary of the quality of care that their family members received, including support during the admission process.

Residents' accommodations were located on both floors. Bedrooms were seen to be personalised with personal items such as pictures and books and overall were clean. Residents' wardrobes were found to be neat and tidy, with ample space for their personal clothing. Residents had the choice to have their personal clothes laundered in the centre. The feedback from residents on this service was very positive, "clothes are returned like new" and on hangers and "they come back smelling so fresh".

Staff were observed providing prompt assistance to residents, with call-bells being responded to promptly. Residents who could not speak with inspectors in relation to their quality of life in the centre appeared to be relaxed and comfortable in the company of the staff.

Many residents told the inspectors that the food was 'good quality' and that they had access to choices at mealtimes, this was evidenced by the menus with clear pictures of what food choices were available on the walls of the dining room. Inspectors observed the dining experience at lunch time and saw that the meals provided were of a high quality and well-presented. Staff provided assistance to residents who required additional support, and these interactions were observed to be kind and respectful.

One resident spoken with said that there were plenty of activities to choose from and that in particular they liked going for walks. An activity co-ordinator was on site to organise and encourage resident participation in events. An activities schedule was on display in the hallway, and the inspector observed that residents could choose to partake in a variety of activities. On the day of the inspection, one of the staff members was doing a memory quiz, and seven residents participated.

On the day of inspection, the centre was bright and clean. The provider had a number of assurance processes in place in relation to the standard of environmental hygiene in the centre. These included cleaning specifications and daily and deep clean checklists. Cleaning carts were equipped with a locked compartment for the storage of chemicals and had a physical partition between clean mop heads and soiled cloths. While the centre provided a homely environment for residents, further improvements were required in respect of premises and infection prevention and

control, which are interdependent. For example, some surfaces and finishes, including wall paintwork, wood finishes, and flooring, were worn in places and did not facilitate effective cleaning, and some mattresses needed replacing. This is discussed under Regulation 17: Premises and Regulation 27: Infection control.

There was an information notice board for residents and visitors close to reception. This was to inform residents of the services available to them while being a resident in the centre. Advocacy and other supports services were displayed with their contact details. There was also an infection prevention and control (IPC) notice board for residents that had up-to-date information.

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 relevant regulations.

Capacity and capability

Overall, this centre was well-managed to ensure that safe and appropriate care and services were provided for the residents. This inspection identified that there were some good management systems in place; however, there were also gaps in the oversight systems, which did not ensure that a safe, appropriate service was provided at all times in line with regulatory requirements. Inspectors found that further action was required to ensure compliance with regard to oversight of premises, infection control, governance and management, residents' rights, notification of incidents, volunteers and the complaints procedure.

This was an announced inspection completed to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The registered provider of Asgard Lodge Nursing Home is Asgard Lodge Nursing Home Limited. The provider has recently applied to renew the registration of the designated centre.

Through a review of staffing rosters and the observations of the inspectors on the day of the inspection, it was evident that the registered provider had ensured that the number and skill-mix of staff was appropriate for the infection prevention and control and antimicrobial stewardship needs of the residents. Inspectors found that the provider had an adequate number of housekeeping staff to fulfil its infection prevention and control needs. There was one housekeeper rostered every day until 3 pm and an extra housekeeper from 4 pm until 6 pm to do the deep cleaning of residents' rooms. These staff members were knowledgeable in cleaning practices and processes with regards to good environmental hygiene.

The registered provider had reviewed and revised the statement of purpose within the last year. However, inspectors found that the statement of purpose did not

contain all the information set out in Schedule 1.

The Person in charge had overall responsibility for infection prevention and control and antimicrobial stewardship. The provider had also nominated an assistant director of nursing to the role of infection prevention and control (IPC) link nurse who will be completing the link practitioner course this year.

The management team was proactive in responding to issues identified through audits with a focus on continual improvement. The centre had a schedule for conducting IPC audits carried out by the management team. The audits covered various areas such as hand hygiene, spillage management, equipment, environmental cleanliness, laundry and waste management. The audits had time-bound actions and showed areas for improvement. Other management systems; however, were not sufficiently robust to provide assurance that all aspects of the service were effectively monitored, as further detailed under Regulation 23: Governance and management.

An annual review was available and reported the standard of services delivered throughout 2023. The annual review showed that IPC was seen as an important area for continuing quality improvements within the centre for 2024. However, there was no evidence of consultation with residents and families.

The inspectors reviewed the complaint log and found that the Chief Inspector had not been notified in writing of two potential safeguarding incidents within the required three working days of their occurrence. However, inspectors were assured that these complaints were appropriately investigated and addressed, and the residents involved were appropriately safeguarded.

The arrangements in place regarding the management and supervision of volunteers were not adequate, including having appropriate Garda clearance in place, as required.

Staff working in the centre had managed a small number of outbreaks and isolated cases of COVID-19 over the course of the pandemic. A review of notifications submitted found that outbreaks were managed, controlled and reported. The most recent outbreak reported was in December 2023. After the outbreak, there was an outbreak review that identified learning opportunities.

Registration Regulation 4: Application for registration or renewal of registration

The application for registration renewal was submitted to the office of the Chief Inspector and included all information as set out in Schedule 1 of the registration regulations.

Judgment: Compliant

Regulation 14: Persons in charge

There was a person in charge who worked full-time in the designated centre. The person in charge was an experienced registered nurse who met the requirements of the regulations.

Judgment: Compliant

Regulation 15: Staffing

On the day of inspection, the staffing numbers and skill-mix were appropriate to meet the needs of resident. There were satisfactory levels of healthcare staff on duty to support nursing staff.

Judgment: Compliant

Regulation 16: Training and staff development

There was a well-managed training schedule in place to ensure that all staff had access to training in fire safety, manual handling, safeguarding of older adults and infection prevention and control. Staff also had access to additional training to further support the quality and safety of care for residents.

A training record of completed staffing training was maintained and monitored to ensure that staff remained up-to-date with relevant training. All staff had received education and training in infection prevention and control practice (IPC) that was appropriate to their specific roles and responsibilities. This was through an online training platform. Face-to-face training in IPC had not yet commenced; however, this was anticipated when the IPC link had completed its training.

Judgment: Compliant

Regulation 21: Records

The inspectors found that records were stored securely. Records, as set out in Schedules 2, 3 and 4 of the regulations and relevant to the regulations examined on this inspection, were well-maintained in the centre and were made available for inspection. A sample of staff files reviewed showed that they met the requirements of Schedule 2 of the regulations, with the exception of volunteer files, which are

judged under Regulation 30. Garda vetting was in place for all staff prior to the commencement of employment in the centre.

Judgment: Compliant

Regulation 22: Insurance

The provider had an up-to-date insurance contract in place against injury to residents and loss or damage to residents' property.

Judgment: Compliant

Regulation 23: Governance and management

Management systems required strengthening to ensure that the service provided was safe, appropriate, consistent, and effectively monitored. For example:

- Oversight systems for ensuring all notifiable incidents were reported to the Chief Inspector required review.
- The oversight of volunteers and their files was not appropriate and sufficient to ensure the service provided was safe and effectively monitored.
- An annual review of the quality and safety of care delivered to residents for 2023 had been completed; however, there was no evidence that this review was completed in consultation with residents and their families.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

The inspectors reviewed a sample of residents' contracts of care and found that a number of contracts did not contain the residents' room number or whether the room was single or twin occupancy.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose (SOP) required updating to reflect all the requirements

detailed in Schedule 1. For example, the complaints policy and procedure required review, and some discrepancies between the description of facilities in the SOP and floor plans required addressing.

Judgment: Substantially compliant

Regulation 30: Volunteers

Volunteers who attended the centre had no file in place. The roles and responsibilities were not set out in writing, and there were no arrangements for supervision and support. There was also no vetting disclosure in place in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012.

Judgment: Not compliant

Regulation 31: Notification of incidents

The inspectors identified that two notifiable incidents of allegations of potential safeguarding incidents had occurred; however, the Chief Inspector had not received the appropriate notifications. The person in charge submitted the required notifications retrospectively.

Judgment: Not compliant

Regulation 34: Complaints procedure

The complaints policy and procedure had not been updated to reflect changes in legislation regarding the review process of making a complaint.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

All Schedule 5 written policies and procedures were available and reviewed within the past three years. They were found to be in line with regulations.

Judgment: Compliant

Quality and safety

In summary, the inspectors found residents received a good service from a responsive team of staff delivering safe and appropriate person-centred care and support to residents. There was evidence of residents' needs being met through good access to healthcare services and opportunities for social engagement. However, further improvements were required in relation to premises, infection control, and residents' rights.

There was a low reported incidence of wounds, including pressure sores within the centre. The inspector reviewed the management of wound care and found that it was well-managed and guided by adequate policies, practices and procedures. Staff described how residents received a good level of ongoing support from visiting general practitioners (GP's) and social and healthcare professionals including occupational therapists, dietitians and speech and language therapists (SALT). A full range of other services was available on referral including chiropody, dental, optical services and psychiatry of later life services were also available and provided support to some residents.

Inspectors identified some examples of good practices in the prevention and control of infection. Waste and used laundry were segregated in line with best practice guidelines. Staff had access to safety-engineered sharps devices, which minimised the risk of needle stick injury.

Overall, the ancillary facilities at the centre generally supported effective infection prevention and control. Clean and dirty areas were distinctly separated, and the work flow in each area was well-defined. For instance, the housekeeping room included a janitorial sink and ample space for storing and preparing trolleys and cleaning equipment. This room was also well-ventilated, neat, and clean, with surfaces easy to clean. Additionally, the layout of the on-site laundry effectively separated the clean and dirty stages of the laundry process. However, there was no dedicated clinical room for the storage and preparation of medications and clean and sterile supplies such as needles, syringes and dressings. This is discussed under Regulation 27: Infection control.

Barriers to effective hand hygiene practice were also observed during this inspection. The provider had recently installed four new clinical handwashing sinks in the centre that met the regulatory requirements; however, the sinks were not easily accessible to staff caring for the residents. One of these clinical handwash sinks was in a communal bathroom, which meant that this sink was a dual purpose sink, not dedicated for staff only, and thus posing a cross-contamination risk. The other three sinks were installed in the laundry, sluice facility and kitchen.

The main kitchen was clean and of adequate size to cater for residents' needs.

Toilets for catering staff were in addition to and separate from toilets for other staff. There was no separate cleaning store room for the kitchen for the storage of cleaning equipment and cleaning supplies. This was discussed on the day of inspection and an alternative solution was found.

There were no visiting restrictions in place and visits and social outings were facilitated and encouraged. Friends and relatives were seen coming and going on the day of the inspection and this contributed to the relaxed and friendly atmosphere in the centre.

Residents had access to an independent advocacy service. There were regular residents' meetings held, which provided residents with opportunities to consult with management and staff on how the centre was run. Actions from these meetings were progressed. Residents had access to local and national newspapers, television and radio. Residents also had access to religious services within the centre and the wider community. However, some practices observed on the day were not appropriate, as further detailed under Regulation 9: Residents' rights.

Measures were in place to safeguard residents from abuse, and residents confirmed they felt safe in the centre.

Regulation 10: Communication difficulties

The inspectors reviewed care plans for residents with communication difficulties and requirements and saw that the communication needs and support were outlined in their care plans.

Judgment: Compliant

Regulation 17: Premises

Overall, the premises met the Schedule 6 regulatory requirements; however, the following issues were identified:

- While the twin-bedded occupancy rooms complied with regulatory requirements with respect to size, the layout of the bed spaces required review, as inspectors saw that the private space for each resident in these rooms was not sufficient. For example, not all residents within four twin-occupancy bedded rooms had their bedside locker, wardrobe, and access to a chair within the privacy curtain.
- Some areas of the centre had furnishings that could not be effectively cleaned to be in compliance with good infection prevention and control practices. For example, the toilet at the entrance to the centre had a toilet

seat that was very worn and the pedestal at the base was stained.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

The food served to residents appeared to be wholesome and nutritious, and the food was attractively presented. Adequate quantities of food and drink were made available to residents. There was an appropriate number of staff members to assist residents when and if required.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

The inspectors saw that a copy of all transfer letters when the resident was recently temporarily transferred to the hospital was kept in the resident's file. The nursing staff also ensured that upon residents' return to the designated centre, all relevant information was obtained from the discharge service, hospital and health and social care professionals.

Judgment: Compliant

Regulation 27: Infection control

The provider generally met the requirements of the *National standards for infection control in the community services* (2018). Further action is required to be fully compliant. For example:

- The centre had no clinical room with hand hygiene facilities to prepare and store medication and sterile supplies. This increased the risk of staff transmitting a healthcare associated infection.
- Four mattresses had a tear on the outer cover. This meant that that the surface could not be cleaned properly which may lead to the spread of infection.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Residents' needs were assessed using a variety of validated nursing assessment tools. Inspectors reviewed a sample of residents' assessments and care plans regarding weight loss, pressure ulcers, and infection control and prevention and found that they were person-centred, detailed, and updated as a resident's condition changed and at intervals not exceeding four months. Inspectors observed that in all samples reviewed, the newly admitted residents were accurately assessed and based on the assessments, the care plans were completed within 48 hours.

Judgment: Compliant

Regulation 6: Health care

Residents had timely access to appropriate medical and health and social care services. A number of antimicrobial stewardship measures had been implemented to ensure antimicrobial medications were appropriately prescribed, dispensed, administered, used and disposed of to reduce the risk of antimicrobial resistance. For example, the volume and indication of antibiotic use were monitored and analysed each month. Staff had knowledge of "skip the dip" a national programme to reduce the use of dipstix to determine if a resident had a urine infection.

Judgment: Compliant

Regulation 8: Protection

The provider had measures in place to protect residents from abuse. All staff received mandatory training in how to recognise and respond to any incidents or concerns in relation to abuse and safeguarding concerns. Staff who spoke with the inspectors were aware of their role in keeping residents safe and demonstrated appropriate knowledge in recognising and reporting abuse. The provider was not acting as a pension agent for any residents. In addition, a robust system was implemented regarding the management of monies and valuables held in safekeeping for residents to protect residents and staff.

Judgment: Compliant

Regulation 9: Residents' rights

While there was evidence that residents' rights were generally upheld in the centre, areas for improvement were identified, for example;

- The inspectors observed that residents were receiving their medications during lunch, which did not support their privacy rights and the right to enjoy their meals without being disturbed.
- A shower list was in use in the centre, which did not promote person-centred practices.

Judgment: Substantially compliant

Regulation 20: Information for residents

A resident's guide was available in the centre and contained information regarding the services and facilities in the centre, the arrangements for visits, the complaints procedure and information regarding independent advocacy services.

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	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 30: Volunteers	Not compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant
Regulation 20: Information for residents	Compliant

Compliance Plan for Asgard Lodge Nursing Home OSV-0005187

Inspection ID: MON-0034922

Date of inspection: 10/06/2024

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>We will review and enhance local management governance oversight to ensure the timely submission of notifications of incidents. All notifiable incidents will be locally reviewed and documented by the Person in Charge (PIC) and the nursing management team. The nurse management team will conduct ongoing audits and reviews to maintain compliance and improve our oversight processes.</p> <p>All volunteers are Garda vetted, have supervision arrangements recorded in their files, and have their roles and responsibilities clearly defined. Management will ensure that vetting is completed for any volunteer on an ongoing basis and that all volunteers have a file with all essential documentation in place.</p> <p>The Annual Review for 2023 has been updated to reflect the feedback received from Our Residents and their Representatives throughout the year. Moving forward, discussions about the Annual Review will be presented to Our Residents and their Representatives at the Resident's Council meetings, with evidence of consultation recorded in the minutes. The Nurse Management Team will ensure the Annual Review remains up-to-date, consistently analysing and integrating residents' feedback.</p>	
Regulation 24: Contract for the provision of services	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:</p> <p>Following the inspection, we conducted a comprehensive audit of our contracts. Older contracts, which did not initially meet legislative requirements, have been amended to include necessary details such as the number of bedrooms and room occupancy to ensure compliance. The Contract of Care template had already been updated prior to the inspection where all new contracts adhere to legislative standards. To ensure ongoing compliance, each care contract will be reviewed for completeness by both the Registered Providers Representative (RPR) and the Person in Charge (PIC).</p>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>The Statement of Purpose (SOP) has been updated to reflect all the requirements detailed in Schedule 1.</p> <p>Additionally, the complaints policy and procedure in the SOP have been updated. Discrepancies between the description of facilities in the SOP and the floor plans have been addressed.</p>	
Regulation 30: Volunteers	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 30: Volunteers:</p> <p>All volunteers are Garda vetted, have supervision arrangements recorded in their files, and have their roles and responsibilities clearly defined. Management will ensure that vetting is completed for any volunteer on an ongoing basis and that all volunteers have a file with all essential documentation in place.</p>	
Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>We will review and enhance local management governance oversight to ensure the</p>	

timely submission of notifications of incidents. All notifiable incidents will be locally reviewed and documented by the Person in Charge (PIC) and the nursing management team. The nurse management team will conduct ongoing audits and reviews to maintain compliance and improve our oversight processes.

Regulation 34: Complaints procedure	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 34: Complaints procedure:
 We have updated our complaints policy and procedure to align with legislative changes, including specific timelines for the review process of complaints.

Regulation 17: Premises	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:
 The Management Team at Asgard Lodge Nursing Home has undertaken and continues to implement significant upgrades to our premises and furnishings. We are dedicated to further enhancing the home's aesthetics to ensure a comfortable and compliant environment, in accordance with IPC guidelines. Our maintenance program actively identifies and addresses any worn or tarnished finishes, with plans to replace floors and furnishings on a phased basis. Recently, we have fully stripped and refreshed one Shower Room and are in the process of refurbishing another Shower Room.

A recent mattress audit identified and replaced those with IPC risks due to tears. We will maintain regular audits to ensure ongoing mattress integrity.

We have reconfigured twin rooms to include personal storage in each area. The current privacy curtains and rails are scheduled for replacement with new ones, which will fully ensure proper segregation and enhanced privacy for residents.

The toilet seat in the WC has been replaced, and the Housekeeping department will perform regular audits and report any issues to maintenance for prompt resolution or replacement.

Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>As per our refurbishment plan, we intend to renovate our Medication Office into a clinical room with hand hygiene facilities in 2025. In the interim, all sterile supplies are securely stored in cabinets located directly next to the Medication Office. Dressings are kept in individual wipeable boxes. The counter in the Medication Office is wiped down before each use, and hand sanitiser is available on the wall within the room.</p> <p>The four mattresses identified during the inspection have been removed and replaced. Additionally, we have conducted a comprehensive audit of all mattresses in the home. Going forward, this audit will be performed on a scheduled basis.</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <p>The day after HIQA visit, medication round times were delayed until after the mealtime experience which has led to a more enjoyable mealtime experience for residents.</p> <p>Residents are offered a shower on a daily basis while the Shower list has been discontinued.</p>	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 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	30/08/2024
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	25/06/2024
Regulation 23(e)	The registered provider shall ensure that the review referred to in subparagraph (d) is prepared in consultation with residents and their families.	Substantially Compliant	Yellow	11/06/2024

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 reside in that centre.	Substantially Compliant	Yellow	24/06/2024
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	30/06/2024
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	08/07/2024
Regulation 30(a)	The person in charge shall ensure that people	Not Compliant	Orange	25/06/2024

	involved on a voluntary basis with the designated centre have their roles and responsibilities set out in writing.			
Regulation 30(b)	The person in charge shall ensure that people involved on a voluntary basis with the designated centre receive supervision and support.	Not Compliant	Orange	25/06/2024
Regulation 30(c)	The person in charge shall ensure that people involved on a voluntary basis with the designated centre provide a vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012.	Not Compliant	Orange	25/06/2024
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.	Not Compliant	Orange	11/06/2024
Regulation 34(2)(c)	The registered provider shall ensure that the complaints procedure provides for the provision of	Substantially Compliant	Yellow	08/07/2024

	a written response informing the complainant whether or not their complaint has been upheld, the reasons for that decision, any improvements recommended and details of the review process.			
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Substantially Compliant	Yellow	11/06/2024