



# 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:	21 July 2020
Centre ID:	OSV-0005187
Fieldwork ID:	MON-0029735

## 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 further 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 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:	30
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Tuesday 21 July 2020	10:25hrs to 18:10hrs	Liz Foley	Lead
Tuesday 21 July 2020	10:25hrs to 18:10hrs	Caroline Connelly	Support

## What residents told us and what inspectors observed

The inspectors met and spoke with seven residents during the inspection. They also spoke with one visitor to the centre who was visiting their relative.

Inspectors observed that the environment was homely and efforts were made to ensure social distancing in the day rooms by the removal of furniture and spacing out of chairs. Tables in the dining room had been spaced out and two residents could sit at each table. All of the day rooms enjoyed natural light and the conservatory at the front of the centre had been converted for use as a visitors hub. The 'snug' had been converted for use as a staff entrance area where staff carried out symptom checks and donned personal protective equipment (PPE) before going on duty. The centre's enclosed garden was well maintained and had a gazebo, residents had unrestricted access to the outdoor space. Inspectors found the centre was not clean in parts and areas of the centre required refurbishment and re painting, for example, flooring in several areas of the centre was cracked and lifting, door threshold strips had visible dirt embedded in them in several areas.

All of the residents told inspectors they were very happy living in the centre and they received very good care from 'outstanding', 'excellent' and 'wonderful' staff. Residents had been informed of the COVID-19 outbreak as it happened and felt assured and safe in the care of the service. Residents who had recovered reported having very mild symptoms and stated their needs were fully met throughout the outbreak. Residents commented on the dedication of staff and on how difficult it was at times when it was busy and when everyone was fearful.

Residents told inspectors that food was improving following the outbreak and some told inspectors that they struggled to eat and had lost weight because of COVID-19. Residents stated that staff encouraged them to eat little and often and gradually their appetites returned. One resident described how she looked forward to the homemade soup served every morning prior to dinner and the inspectors saw the trolley going to each room delivering same. Residents told inspectors they were well cared for during the outbreak and had been personally informed at the start and throughout of the restrictions, testing and of their results. One resident commented on how she was adjusting to her new situation and compared it to her settling in to the nursing home when she first arrived. She stated she was now adjusting to only seeing her family for 30 minutes once a week and couldn't go down town or home for visits and felt this was a big loss. Residents were supported to call family members during the outbreak and were now getting one visit per week from a family member, residents would like more visits with less restrictions and missed the human touch of their loved ones. Relatives also identified to the inspectors prior to the inspection and during the inspection the need for increased visiting particularly if their family member suffered from dementia and were unable to use a phone or technology to keep in touch. A number described the current visiting booking system as very restrictive and only one visitor per week very difficult.

Inspectors observed very kind and person-centered interactions between staff and residents. Staff knew the residents well and were very respectful towards the residents and each other. Staff liked working in the centre and felt very supported by the management team.

The inspectors observed lively activities taking place during the afternoon of the inspection. The activity co-ordinator was observed to bring out the best in residents during an exercise session and a sing song where the majority were seen to join in and to enjoy it. The inspectors also observed more one to one activities such as hand massage with "a nice chat" as described by one resident, during the morning and staff taking residents for walks around the centre throughout the day. Residents told the inspectors they had requested further activities and they felt that these were improving. The inspectors also observed that the podiatrist was in the centre during the inspection and many residents were happy to have their feet attended to, assistance to and from the therapist was facilitated by staff.

Some residents told the inspectors they were happy to stay in their rooms and did not like to participate in the activities. One resident described how she liked to sit out the front of the centre with another resident beside the rose bed and watch the world go by. Other residents were observed to sit in a quiet area of the centre and chat with residents and staff as they passed by.

## Capacity and capability

Prior to the recent COVID-19 pandemic, Asgard Lodge Nursing Home, operated by Asgard Lodge Nursing Home Limited, has had a good level of regulatory compliance. On those occasions where issues were identified on inspection, the provider had the capacity, and was willing, to make the changes needed to ensure that residents were safe and well cared for.

The centre is family owned and operated and the management structure consisted of the registered provider, a limited company which has two directors who were responsible for the running of the centre. A person in charge, responsible for the day-to-day operations of the designated centre, was supported by senior nurses and other staff members including nurses, carers, activities staff, housekeeping, catering and maintenance.

The centre had experienced an outbreak of COVID-19 which had had a significant impact on residents, staff and families in the centre. The outbreak was declared over on 25 May 2020. The person in charge had been very proactive in ensuring all residents were tested as this was prior to the mass testing of all centers. 30 residents had tested positive, six of whom sadly passed away. 17 staff had also tested positive. Inspectors acknowledged that residents and staff living and working in centre had been through a challenging time. Staff and management always had

the best interest of residents at the forefront of everything they did at the height of the outbreak and at the present time. However, significant improvement is now required under management systems to ensure that the quality and safety of care delivered to residents achieves regulatory compliance.

This unannounced inspection was triggered by the centre's outbreak and unsolicited information raising concerns about changes to the residents' fees for services and difficulties with visits. Inspectors found evidence to support some of the concerns raised.

There were 30 residents in the centre with mainly high to maximum dependency needs. One resident was in hospital on the day of the inspection. 25 of the centre's residents had recovered from the COVID-19. The person in charge had a visible presence in the centre and was well known to residents.

Inspectors found that the management structure in place, which had provided a good service prior to COVID-19 outbreak, was not effectively monitoring the safety of the service in the following areas;

- The centre was not clean in a number of areas and the risks associated with this had not been identified by the provider.
- The current allocation of cleaning staff was insufficient to maintain the cleanliness of the centre.
- Non-compliance with the Interim Public Health, Infection Prevention & Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities V5.2 19/06/2020.
- Expertise in infection prevention and control was lacking and impacting directly on the service.
- There was insufficient oversight or supervision of staff to ensure the correct implementation of the guidance.
- Inadequate arrangements for storage of PPE.

An urgent action plan was issued following the inspection. The registered provider submitted a comprehensive response which included:

- A deep clean of the whole centre
- Additional resources allocated for cleaning
- Audits of cleaning practices and cleaning of shared equipment
- Education for nurses and care assistants on the Interim Public Health, Infection Prevention & Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities V5.2 19/06/2020.
- Improved oversight of staff to ensure PPE is used in line with best practice

## Regulation 15: Staffing

Staffing levels required review as there was an inadequate allocation of staff for housekeeping. One housekeeper was allocated to clean the entire centre in seven hours per day, seven days per week. This was not possible due to the size and layout of the centre and the poor level of cleanliness found on the day was evidence of this. Housekeeping hours had not been increased to meet the cleaning requirements during the outbreak.

Management had ensured that there were adequate numbers of nurses and care staff during the COVID-19 outbreak to meet the increased needs of residents who were ill. Agency staff were employed to supplement the care team as several staff members were unable to work due to COVID-19 infection. Staff were challenged by the increased needs of residents and the constant changes to practices during the outbreak but continued to provide person-centered care to the residents.

There was a minimum of one registered nurse on duty 24hrs per day.

All staff were participating in the weekly staff screening for COVID-19.

Judgment: Substantially compliant

## Regulation 16: Training and staff development

Inspectors reviewed training records in the centre. The majority of staff had received training in infection prevention and control which included online training modules in hand hygiene and donning and doffing personal protective equipment (PPE). Other mandatory training was mostly up to date, for example safeguarding which was an action from the previous inspection. The centre had plans in place to ensure the ongoing training needs of staff would be met.

Inspectors observed that staff were not using PPE in line with the national guidelines. For example, staff were wearing gowns which were donned at the beginning of their shift and not removed until the end of the shift or the staff break time. Persons responsible for monitoring compliance with infection control guidelines were not ensuring correct use of PPE in line with national guidelines therefore were not appropriately supervising its use. Housekeeping staff were not adequately supervised which contributed to insufficient hygiene standards in the centre.

Judgment: Substantially compliant

## Regulation 21: Records

Records were generally well maintained and stored securely. However, the inspectors saw that residents records were maintained in numerous different folders.



Residents assessment and care plans were maintained in residents individual folders, but residents daily notes were maintained in a kardex system away from the care plans, do not resuscitate orders were kept in another separate communal folder and there was another folder containing all the residents medical and some multidisciplinary records. The practice of maintaining a number of record files on an individual resident is not recommended. Best practice guidelines on Recording Clinical Practice from the Nursing and Midwifery Board of Ireland advise that all written data in respect of a resident should be kept in a designated area with a view to forming a complete single record. This avoids duplication of information and prevents errors.

The provider who was cocooning had also a number of records such as complaints and communications from families off site which is not in keeping with good record management.

Judgment: Substantially compliant

### Regulation 23: Governance and management

The management systems for monitoring infection prevention and control practices and compliance including the appropriate use of PPE and the allocation of cleaning staff, were not provided to ensure the service was safe, appropriate, consistent and effectively monitored, as required under Regulation 23(c). These risks require urgent review to ensure the safety and well being of residents and staff.

This was evidenced by:

- Management systems to monitor the cleanliness of the centre were not effective. The centre was not clean in a number of areas and the risks associated with this had not been identified by the provider. This required immediate review.
- The current allocation of cleaning staff was insufficient to maintain the cleanliness of the centre. This requires immediate review.  
Non-compliance with the Interim Public Health, Infection Prevention & Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities V5.2 19/06/2020. Staff were observed donning gowns which they wore throughout their shift, they did not change their gown between residents or tasks. In the Absence of any suspect or positive cases of COVID-19 the use of PPE was not in line with the national guidance cited above or with the information provided by the public health outbreak management team. There was insufficient oversight or supervision of staff to ensure the correct implementation of the guidance.
- Expertise in infection prevention and control was lacking and impacting directly on the service. For example, the service had not identified the immediate risks associated with the poor standard of cleanliness in the centre or with the improper and unnecessary use of PPE. A referral to the HSE's

COVID-19 crisis management team was made following the inspection to help the centre bridge this knowledge gap and provide a safe service to residents in the interim.

- Inadequate arrangements for storage of PPE. Stocks of PPE was stored under temporary cover outside of the centre and were at risk of spoiling in the weather or if not used would be wasted.
- Poor record keeping regarding seven recent complaints.
- Learning from the recent outbreak and not been used to inform the centre's contingency plan for a potential second outbreak of COVID-19.
- Some areas in the centre were in poor repair. Insufficient systems were in place to ensure the centre was maintained to a high standard.

The centre was not a pension agent for any resident and safeguarding training had been completed for the majority of staff as actioned from the last inspection in January 2020.

Judgment: Not compliant

#### Regulation 24: Contract for the provision of services

Each resident had an agreed contract of care setting out the terms and conditions of their residency. Residents' contracts of care outlined the services to be provided and the fees to be charged to residents in receipt of the 'Fair Deal Scheme' including additional fees. Residents or their family members on their behalf signed their contracts of care.

The provider had made changes to the fees charged to existing residents. This matter is discussed under regulation 9: rights.

Judgment: Compliant

#### Regulation 31: Notification of incidents

Incidents and reports as set out in schedule 4 of the regulations were notified to the Chief Inspector within the required time frames. The inspector followed up on a number of incidents that were notified and found good management of incidents with areas of learning identified actioned.

Judgment: Compliant

### Regulation 34: Complaints procedure

The management of complaints in the centre required review. Inspectors were not assured that all complaints were accurately recorded in the centre which was not in line with the centre's complaints policy.

Seven complaints in relation to increased fees and restricted visiting were not recorded in the centre's complaints log; these complaints were still being managed by the provider. Four other complaints recorded for 2020 appeared to have been dealt with appropriately and had the satisfaction of the complainant documented.

Judgment: Not compliant

### Quality and safety

Overall, residents were supported and encouraged to have a good quality of life which was generally respectful of their wishes and choices. There was evidence of generally good consultation with residents and their needs were being met through good access to healthcare services and opportunities for social engagement. However, inspectors found that the quality and safety of resident care was compromised by inadequate management of infection control, insufficient maintenance of the premises and inadequate visiting arrangements.

Inspectors saw that residents appeared to be very well cared for and residents gave positive feedback regarding care in the centre. Staff supported residents to maintain their independence where possible and residents' healthcare needs were met. Residents had comprehensive access to general practitioner (GP) services, to a range of allied health professionals including podiatry and occupational therapy in house. Residents in the centre also had access to psychiatry of older life and attendance at outpatient services was facilitated. The dietician was in regular contact with the centre and reviewed residents routinely. There was evidence that residents had access to other allied healthcare professionals including, speech and language therapy, dental and ophthalmology services. A number of these consultations took place over the phone or via video link in the current COVID-19 pandemic. The resident assessment process was seen to involve the use of a variety of validated tools and care plans were found to be person centred and sufficiently detailed to direct care. The majority of residents present during the inspection had recovered from COVID-19 and were receiving appropriate care to help them to rehabilitate. Supplementation of diets were taking place, plus regular weight monitoring and dietician reviews were evident to help residents regain the weight loss during the outbreak. Exercise groups and regular walks were being provided to

residents to rebuild core strength.

The centre continues to monitor symptoms of residents and staff for COVID-19 and had in place protocols for testing and isolation of suspected case. Residents and or their families were informed of tests and the results and care plans to support the changing needs associated with COVID-19 were in place and updated during and following the outbreak.

The centre had reduced the use of bed rails since the previous inspection and where they were used there was a risk assessment and safety checks in line with the national policy. Care plans were in place for any residents with responsive behaviours with detailed personalised interventions to mitigate and prevent escalation of responsive behaviours.

There were three different activity coordinators in the role of meeting residents' social care needs and there was one on duty daily. There was a comprehensive programme of activities available to residents. The activity staff also provided residents with opportunities to communicate with their families via video links. Staff were found by inspectors to be very knowledgeable about resident's likes, past hobbies and interests which were documented in social assessments and care plans so that they could provide social stimulation that met resident's needs and interests.

The design of the premises was homely and staff had made every effort to maintain social distancing in the day and dining room by removal of furniture and spacing of chairs. There was easy unrestricted access to the enclosed gardens from the day room and from the corridor. The garden contained colourful flowers, ornamental seating and a gazebo for resident's enjoyment. However, the inspectors noted that parts of the centre was generally in a poor state of decor and repair. Numerous areas required repainting, the floor was worn and torn and lifting in parts causing a trip hazard, some equipment required repair and there was rust evident in various parts of the centre. An ongoing programme of regular proactive maintenance was insufficient.

The centre normally operates an open visiting policy but during the COVID-19 pandemic and outbreak the centre had generally closed to visitors except in exceptional and compassionate circumstances for end of life and some window visits had been facilitated. The centre has reopened to visitors and there were numerous control measures put in place as outlined by public health guidelines. Inspectors saw that the centre had undertaken all the required precautions. Visits were pre booked and visitors undertook a screening process where health checks were undertaken. The visiting area was set out maintaining a minimum of two distance between the resident and the visitor. On the day of the inspection the inspectors saw that a staff member was allocated to monitor and supervise the visiting process which was undertaken effectively. However the frequency of residents only receiving one visit per week and the system for booking of visits all required review.

Inspectors found as previously stated in the report that infection control in the centre was not in line with the Health Protection Surveillance Centre (HPSC) Interim Public Health and Infection Prevention Control Guidelines on the Prevention

and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities. The centre was seen not to be clean in a number of areas, there were insufficient hours allocated to cleaning staff with only one staff allocated daily to clean the entire centre and implement a deep cleaning schedule. Staff were not using PPE provided in line with public health guidance. The person in charge said some parts of the centre had undergone a deep clean however there was no deep clean of the entire centre undertaken following the COVID-19 outbreak, equipment was not maintained in a good state of repair to enable effective cleaning and some staff practices around the use of commodes required review. Overall, infection control practice and protocols observed during the inspection were not effective.

There were systems in place to safeguard residents from abuse and training for new staff was ongoing. All staff had a valid Garda vetting disclosure in place prior to their commencement.

## Regulation 11: Visits

A policy of restricted visiting was in place to protect residents, staff and visitors from risk of contracting COVID-19 infection. Visitors could only book an appointment to visit during a specified time frame on a Thursday morning for the following week. At the time of inspection there were only four visitors per day facilitated to visit between the hours of 10.30 to 15.30 and visits were of a 30 minute duration. Visits took place seven days of the week which provided flexibility for people who worked during the day to visit at the weekends. There was a staff member allocated to facilitate the visiting process. Visiting controls included symptom checking and a visitor health risk assessment before the visit, hand hygiene, maintaining social distancing, cleaning of the room following every visit. Staff were also committed to ensuring residents and their families remained in contact by means of Skype, WhatsApp and other video and telephone calls.

There were a number of issues identified with the visiting process in the centre.

- A number of family members and residents found that one visitor per week was very limiting. This was particularly problematic with residents with large families as only one visitor was allowed at any time, this meant that many family members cannot see their relative for numerous weeks or even months.
- Other families identified that the booking system was very restrictive due to the short period of time allowed on a Thursday morning to book a visit.
- Allowing residents only one visitor per week was not in accordance with the national Health Protection Surveillance Centers guidance on visiting in residential care facilities dated 15/06/20. This states that residents should be facilitated to have two named visitors with only one visitor at one time. This

would enable residents to have two visits per week.

- As the centre was only allowing 4 visits per day over 7 days that equates to 28 visits but there were 30 residents in the centre on the day of the inspection and the centre can accommodate 34 residents therefore some residents may miss out on a weekly visit.

Judgment: Substantially compliant

## Regulation 17: Premises

The premises and external gardens were generally suitable for the centers stated purpose and met the residents needs in a homely way. Residents had access to a number of day and dining room facilities. They also had easy access to a safe enclosed courtyard garden which contained lovely garden furniture, a gazebo with plants and flowers for residents enjoyment.

The inspectors identified the absence of a comprehensive management system in place to monitor the ongoing maintenance required in the centre and some areas of the centre were found not to be kept in a good state of repair. A number of issues with the premises that required action were identified:

- The flooring in parts of the corridor downstairs and in some bedrooms was in a bad state of repair torn, worn and lifting in many areas. This presented as a trip hazard and an area that was also difficult to keep clean.
- There were area's where paint was chipped on walls and woodwork and the centre was in need of redecoration.
- There was bedroom furniture that was broken or chipped that required repair and some bedside lockers required repainting.
- Arms of commode chairs were seen to be torn and worn and some had rusting legs.
- Rust was observed on hoists, in metal fittings in bathrooms/ensuites and on some metal bins that required replacement
- Foam cushions were left exposed without covers which could not be cleaned.
- There was a part of a wooden bath panel damaged and in need of repair.
- There was a lack of storage for equipment and essential equipment such as hoists were stored inappropriately in toilets and along corridors. As already described PPE equipment was inappropriately stored outside.
- There was only one sluice room on the ground floor so risk items from the upstairs bedrooms were transported downstairs to be cleaned.
- Lack of shower facilities; one bathroom had restricted access as the domestic bath impeded access to the toilet for any resident who required a mobility aid or a wheelchair, therefore some residents had to travel a long corridor to access a shower which suited their needs.

Judgment: Not compliant

## Regulation 27: Infection control

Infection control practice and protocols observed during the inspection were not in line with the Health Protection Surveillance Centre (HPSC) Interim Public Health and Infection Prevention Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities V5.2 19/06/2020.

The infection control procedures require immediate review to ensure that they are implemented in line with National Standards for infection prevention and control in community services published by the Health Information and Quality Authority and the Health Protection Surveillance Centre Guidelines.

- The centre was unclean in a number of areas . Although parts of the centre had undergone a deep clean, a deep clean of the entire centre had not taken place following the COVID-19 outbreak. This posed an immediate risk of cross contamination to all residents and staff in the centre.
- Insufficient standard of housekeeping. One housekeeper was allocated to clean the entire centre in seven hours per day, seven days per week. This was not possible due to the size and layout of the centre and the insufficient level of cleanliness found on the day. Rooms were not cleaned to a high standard and deep cleaning was not completed as per the centre's cleaning schedule. For example, in rooms that had been cleaned taps were found to be grimy, hand rails were unclean, dust was found on multiple surfaces, dust and dirt was found behind doors. Routine deep cleaning of rooms was not completed in line with the centre's cleaning schedule.
- PPE available to staff in the centre was not used in line with the national guidance cited above.
- Shared equipment was damaged, for example several commodes had torn arm rests, commodes and some hoists were rusted and therefore impossible to clean between use and posed an immediate risk of cross contamination to all residents who used this equipment.
- The sluice room was cluttered and visibly dirty; shared equipment stored here was also visible dirty and posed an immediate risk of cross contamination to all residents who used this equipment.
- Staff were observed bringing a commode through the day rooms to be used in a toilet off the day room and when used back through the day rooms to the sluice room.

Judgment: Not compliant

## Regulation 5: Individual assessment and care plan

Residents assessments were undertaken using a variety of validated tools and care plans were developed following these assessments. Four care plans which were viewed in detail by the inspectors and were found to be comprehensive, personalised and person-centered. They were regularly reviewed and updated following assessments and recommendations by allied health professionals. Care plans were sufficiently detailed to guide staff in the provision of person-centred care and had been updated to reflect changes required in relation to COVID-19. The inspectors saw that each resident had a COVID-19 specific care plan in place which was in line with public health guidelines. There was evidence of nutritional plans in place for residents who had experienced weight loss during the outbreak, weekly weights were conducted and there was evidence that residents were gaining weight with the majority back to their pre COVID-19 weight.

There was evidence of discussion of care plans with residents and relatives and evidence of communication of the outbreak and the residents COVID-19 status with the resident and the family. These discussions were clearly documented in the residents care plan.

Care plans in end of life care had been updated based on resident's expressed wishes and there were clear pathways in place for treatment escalation.

Judgment: Compliant

## Regulation 6: Health care

The inspectors were satisfied that the health care needs of residents were well met. There was evidence of good access to medical staff with regular medical reviews in residents files. During the COVID-19 pandemic the regular GP practice reviewed residents care needs via an email system, prior to the outbreak residents had been reviewed and there was anticipatory prescribing of palliative care medications which inspectors saw had been used. At the time of this inspection the regular GP's were back providing on site consultations and one of the GP's was conducting a round on the day of the inspection.

In relation to COVID-19, there was evidence of liaison with the public health officer and with the HSE locally regarding supplies of oxygen, PPE, funding and management of same. Minutes of meetings were maintained including liaison in relation to the COVID-19 outbreak.

Access to allied health was evidenced by regular reviews by the community occupational therapist who undertook a number of seating assessments. There was evidence of dietician, speech and language and tissue viability reviews as required. During the pandemic they were provided remotely but prescriptions and advice were



followed through to the pharmacist and GP. Psychiatry of old age were also regular visitors to the centre to review specific residents on their caseloads. Physiotherapy services was provided on a one to one basis and paid for privately if required. Following the COVID-19 outbreak the activity staff were providing regular exercises groups and taking residents walking to build back up their muscle strength.

Judgment: Compliant

## Regulation 9: Residents' rights

The centre had recently introduced a seven day per week activity schedule to the centre from 10.30 am to 15.30pm. The activities programme was clearly displayed on a notice board informing residents of what was taking place. Three staff members who also work as care staff in the centre have been allocated dedicated hours to provide and coordinate the activity programme. The programme was seen to be varied and included a number of group activities such as imagination gym, reminiscence therapy, light exercises, sing a longs, arts and crafts and more one to one activities such as hand massage and room visits. A social assessment 'Key to Me' had been completed for residents which gave an insight into each resident's history, hobbies and preferences to inform individual activation plans for residents. The inspectors reviewed a sample of these activation plans; they were found to contain person-centred information to direct staff when developing and planning the centres activity plan.

Residents were consulted about and participated in the organisation of the centre through regularly held residents meetings. Inspectors reviewed records of the last resident meetings held on 08 July 2020; while these contained details of meaningful discussion between residents and staff, there was no specific information about COVID-19 detailed. They did talk of returning to the old menu following the outbreak. Residents however, told inspectors that they were informed about COVID-19 in the centre and of their results where appropriate. There was evidence of action plans created following the meetings and follow through on actions required.

Residents rights had not been upheld in recent changes to the contract referenced under reg 24. The provider had not communicated changes directly with the residents, even though the residents had entered into the contract. The residents' family or care representative were communicated with regarding a recent fee increase. Guidance from the competition and consumer protection commission was required in relation to this change in the contract.

Overall, residents' right to privacy and dignity were respected and positive respectful interactions were seen between staff and residents. The residents had access to copies of local newspapers, radios, telephones and television. Internet access was available and the activity staff member was seen to use portable technology with residents to enable them to keep in touch with their

families.

Judgment: Substantially 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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Not compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Substantially compliant
Regulation 17: Premises	Not compliant
Regulation 27: Infection control	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for Asgard Lodge Nursing Home OSV-0005187

Inspection ID: MON-0029735

Date of inspection: 21/07/2020

## 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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: <ul style="list-style-type: none"> <li>• Pre the HIQA inspection, we conducted deep cleans of the lounges, dining hall, communal accommodation and kitchen</li> <li>• We also conducted terminal cleans of bedrooms on a rota basis</li> <li>• Due to heightened infection control regulation we have increased our housekeeping hours to ensure hygienic standards are maintained</li> <li>• Subsequent to the HIQA inspection we conducted a full and comprehensive deep clean of the entire centre</li> </ul>	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: <ul style="list-style-type: none"> <li>• We have conducted KT (Knowledge Transfer) PPE sessions with both the senior nurses and HCA staff to ensure compliance with the HPSC guidelines</li> <li>• We have allocated one of the senior operational team who will manage and spot check our cleaning staff going forward</li> <li>• All mandatory staff training is up to date</li> </ul>	

Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <ul style="list-style-type: none"> <li>• We have collated residential records and aim to introduce an electronic healthcare record system which will be in line and in accordance with NMBI best practices</li> <li>• Due to the pandemic the Registered Provider (RP) worked remotely from home as he needed to cocoon. As a result certain documents were stored securely in an offsite office and were provided to HIQA when requested. All documents are now stored onsite.</li> </ul>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> <li>• All auditing of the house keeping of the home has been expanded to incorporate best industry practices</li> <li>• We have allocated one of the senior operational team who will manage and spot check our cleaning staff going forward</li> <li>• We have allocated extra resourcing to the cleaning duties</li> <li>• We have conducted KT (Knowledge Transfer) PPE sessions with both the senior nurses and HCA staff to ensure compliance with the HPSC guidelines</li> <li>• All PPE is stored in an enclosed environment</li> <li>• Due to the pandemic the Registered Provider (RP) worked remotely from home as he needed to cocoon. As a result certain documents were stored securely in an offsite office and were provided to HIQA when requested. All documents are now stored onsite.</li> <li>• We decided to communicate a fee change with a resident's representative. This was acknowledged by HIQA as having the well being of the resident as a sole focus so as to eliminate stress for the resident. We have also obtained written confirmation from the resident that we are to deal with the resident's representative going forward.</li> <li>• We have comprehensive contingency plans in place as evidenced by our numerous positive interactions with the Department of Health</li> </ul>	

- Record keeping of complaints has already been discussed under Regulation 21: Records
- A preventative maintenance plan is in place while a refurbishment will take place over the next number of months

Regulation 34: Complaints procedure	Not Compliant
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Outline how you are going to come into compliance with Regulation 34: Complaints procedure:

- Due to the pandemic the Registered Provider (RP) worked remotely from home as he needed to cocoon. As a result certain documents were stored securely in an offsite office and were provided to HIQA when requested. All documents are now stored onsite.

Regulation 11: Visits	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 11: Visits:

- We have extended our visiting slots and opened up our booking system in line with public health advice

Regulation 17: Premises	Not Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:

- We maintain both a maintenance and a preventative maintenance log in line with best industry practices
- Due to the pandemic the Registered Provider (RP) worked remotely from home as he needed to cocoon. In light of the recent easing of restrictions the Registered Provider (RP) is now back onsite and has identified areas for improvement and is planning for the same
- A refurbishment will take place over the next number of months
- Painting and decorating is in progress

- Flooring providers have been contacted with the aim to be completed as soon as possible
- Furniture providers have been contacted with the aim to replace legacy furniture as soon as possible
- A hoist which had been decommissioned and was awaiting disposal and was been stored outside has now been disposed of. A new hoist was purchased and has been in operation since June 16th
- A number of commodes have been disposed of
- At the request of a resident a shower curtain was put in place in her ensuite room instead of a door. The resident was unable to close the door and felt more comfortable with the shower curtain which was easier for her to manage and protected her dignity
- As a result of the decommissioning of older equipment we were able to free up space throughout the entire home and thus store equipment appropriately

Regulation 27: Infection control

Not Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:

- All auditing of the house keeping of the home has been expanded to incorporate best industry practices
- We have allocated one of the senior operational team who will manage and spot check our cleaning staff going forward
- Pre the HIQA inspection, we conducted deep cleans of the lounges, dining hall, communal accommodation and kitchen
- We also conducted terminal cleans of bedrooms on a rota basis
- Due to heightened infection control regulation we have increased our housekeeping hours to ensure hygienic standards are maintained
- Subsequent to the HIQA inspection we conducted a full and comprehensive deep clean of the entire centre
- We have noted the assessment on our overuse of PPE and have marginalised our use in line with HPSC guidelines



- A hoist which had been decommissioned and was awaiting disposal and was been stored outside has now been disposed of. A new hoist was purchased and has been in operation since June 16th
- A number of commodes have been disposed of
- Having decommissioned older equipment we were able to free up space in the Sluice Room and a deep clean of the room has been completed. Daily spot checks of this room is now completed by the senior operational team who report to the Registered Provider who is now back onsite

Regulation 9: Residents' rights	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights:

- We decided to communicate a fee change with a resident's representative. This was acknowledged by HIQA as having the well been of the resident as a sole focus so as to eliminate stress for the resident. We have also obtained written confirmation from the resident that we are to deal with the resident's representative going forward.

## 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 11(1)	The registered provider shall make arrangements for a resident to receive visitors.	Substantially Compliant	Yellow	27/07/2020
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	16/08/2020
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	28/07/2020
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre,	Not Compliant	Orange	31/10/2020

	provide premises which conform to the matters set out in Schedule 6.			
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	21/07/2020
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant	Orange	22/07/2020
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.	Not Compliant	Red	29/07/2020
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated	Not Compliant	Red	29/07/2020

	infections published by the Authority are implemented by staff.			
Regulation 34(1)(f)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.	Not Compliant	Orange	21/07/2020
Regulation 9(3)(e)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise their civil, political and religious rights.	Substantially Compliant	Yellow	02/09/2020