Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Report of an inspection of a Designated Centre for Older People.

Issued by the Chief Inspector

Name of designated centre:	Asgard Lodge Nursing Home
Name of provider:	Asgard Lodge Nursing Home Limited
Address of centre:	Monument Lane, Kilbride, Arklow, Wicklow
Type of inspection:	Unannounced
Date of inspection:	20 July 2021
Centre ID:	OSV-0005187
Fieldwork ID:	MON-0033445

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:	32

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 20 July 2021	09:00hrs to 18:50hrs	Liz Foley	Lead
Tuesday 20 July 2021	09:00hrs to 18:50hrs	Marguerite Kelly	Support

What residents told us and what inspectors observed

There was a friendly and welcoming atmosphere in the centre and staff were observed to be helpful, kind and respectful towards residents. However, ongoing issues with inadequate infection control procedures, poor condition of parts of the premises and failure to manage and plan improvements resulted in ongoing risks to the safety and well being of residents and staff. In particular fire safety and infection control risks warranted an urgent action by the provider. Inspectors spoke at length with nine residents to gain an insight to the lived experience in this centre.

Inspectors were guided through the centre's infection control procedures before entering the building. The centre provided accommodation for 34 residents over two floors. Most of the accommodation was on the ground floor. The six single bedrooms on the first floor were accessible by a passenger lift. The environment was homely and efforts continued to ensure residents were socially distancing, for example, capacity in the centre's dining room was reduced to 12 at one time and chairs were spaced out in day rooms. The provider had recently reconfigured four twin bedrooms to increase the distance between the residents sharing in these rooms. The reconfigurations were still in progress and the repositioning of four beds meant that the occupants could not access a call bell if they needed to call for assistance. As an interim measure temporary call facilities were put in place during the inspection. In addition privacy curtains did not reach around beds in all of these rooms, the provider undertook to ensure this was completed to maintain the privacy and dignity of the residents.

Alcohol hand sanitizers were available throughout the centre and there was appropriate signage to promote and remind staff about good hand hygiene. However, inspectors observed some poor hand hygiene practices, with missed opportunities for staff to sanitize their hands and some staff wore hand jewellery which was not in line with best practice. The provider had purchased many new chairs for the centre which were easy to clean and comfortable for the residents. While efforts were ongoing to address a number of maintenance issues, a number of the surfaces and finishes including wood finishes on doors, skirting boards, tiles, floors and lockers were worn, chipped and as such did not facilitate effective cleaning.

During the walk-about of the centre inspectors saw many examples of where the organisation of the centre, the premises and poor hygiene standards were impacting on the safety of residents with regard to infection control and safety, including the following observations. Disorganised and inadequate storage arrangements posed a risk to residents, for example, prescribed nutritional supplements were stored on the floor of a store room that also contained wheelchairs, activities equipment, and unused hazardous waste bins and this posed a risk of cross contamination. Shared equipment was not properly cleaned. For example, commodes were stored in the sluice room and were unclean. The wheel castor's on some commodes were rusted which prevented effective cleaning. In addition there was no cleaning records or

deep cleaning schedule to ensure that shared equipment was cleaned and decontaminated between use; this posed a risk of cross contamination to all residents who used this equipment. Clean linen was stored with other items. The linen was not covered and therefore not protected from cross contamination. Store rooms were generally untidy and packed with items resulting in a difficulty accessing these items. Items were frequently stored on the floor rendering cleaning of the store room very difficult. Oxygen was inappropriately stored in one store room which had no signage to alert staff to the risk of combustion and there were no arrangements in place for safe storage in line with the material safety data sheet. Stocks of PPE were stored in a garden shed alongside various solutions and unclean garden equipment posing a risk of cross contamination and spoiling.

While areas of the premises had been refurbished since the last inspection, for example, new flooring in a corridor and a day room, many areas of the centre required maintenance and refurbishment. Walls, doors, skirting boards and flooring throughout the centre were damaged and scuffed rendering them difficult to clean. Floors were not clean to an acceptable standard and there was a build-up of debris where the flooring was not flush with the walls. Inspectors noted that hand rails were not available in all bathrooms to promote residents' safety and independence. In addition communal showers and bathrooms did not have privacy locks to protect residents' privacy and dignity.

The centre had ample communal space and there were smaller rooms available to residents should they wish to spend time alone. In addition there was a break out seating area off the corridor at the back of the centre which provided residents with a pleasant area for relaxation. There was open access to an internal garden courtyard which residents enjoyed using during the fine weather. The garden was well maintained and residents met with visitors in the seating areas at the front and side of the garden. Inspectors saw residents and visitors using these spaces and enjoying the fine weather.

There was ample time between meals and inspectors observed a relaxed approach to breakfast with many residents observed enjoying a late breakfast in accordance with their personal preference. Inspectors also observed lunch in the centre's main dining room which was a sociable and enjoyable event for residents. Resident were highly complementary of the food choice and quality and told inspectors they could have snacks and drinks any time during the day or night. Group and individual activities were organised in the morning and afternoon with positive feedback from residents about activities. Residents told inspectors they had recently enjoyed a live concert when a very well know Irish singer performed in the garden.

Residents were happy that indoor visits had resumed and that visits were organised in a safe way. There were suitable indoor spaces for visits and residents could choose to have visits in their bedroom if they preferred. Visitors were observed coming and going during the day and they gave positive feedback about the service to inspectors.

The next two sections of this report will present findings in relation to governance and management in the centre, and how this impacts on the quality and safety of

the service being delivered.

Capacity and capability

Poor governance arrangements in the centre were impacting on the quality and safety of the service provided. The service was under resourced and the provider lacked knowledge and expertise in key areas of service provision. Actions were not taken to achieve compliance following the previous inspection. Systems to monitor the safety and quality of the service were ineffective and there was evidence of ongoing risks with infection prevention and control, fire safety, complaints procedures, staffing, management and oversight of the service.

Asgard Lodge Nursing Home Limited was the registered provider for Asgard Lodge Nursing Home. The company had three directors, one of whom was the person in charge who along with another company director worked daily in the centre. There was a clearly defined management structure and staff and residents were familiar with staff roles and their responsibilities. The person in charge was supported by a full-time clinical nurse manager and team of nursing, caring, housekeeping, catering, activities and maintenance staff.

This was an unannounced inspection to follow up on risks identified in July 2020. The centre had a history of non-compliance with infection control and a specialist inspector with expertise in this area was part of the inspection team. Concern regarding the accumulated risks warranted an urgent action plan to be issued to the provider following the inspection in relation to fire and infection control risks. The provider submitted additional information on foot of the action plan and put measures in place to reduce the levels of risk identified. However, further actions and assurances were required to ensure the ongoing safety and well being of residents in the centre. A meeting with the provider was organised to discuss the governance and management arrangements in the centre, inspectors' findings and concerns about the safety and welfare of residents.

A review of resources was required by the provider in order to ensure safe systems and staffing levels were in place to care for residents, particularly in relation to fire risks, infection prevention and control, and staffing risks found on inspection. These are discussed under each regulation below.

Management systems were not effective in ensuring the service was safe, consistent and effectively monitored which resulted in poor oversight of the service. Audits and meetings were not consistently informing quality improvements in the centre. For example, an environmental audit was reviewed by inspectors but there was no quality improvement plan associated with this audit to drive improvements and plan changes. Similarly, a hand hygiene audit had found that staff were seen to be wearing jewellery and no quality improvement plan was put in place to drive the

changes needed. Documentation of meetings and audits was poor and despite many claims of quality improvement plans, there were none documented. This resulted in a reactive quality and safety management system and was not supporting the provider or management team to be proactive in identifying and managing risks in the service. For example, the centre experienced an outbreak of COVID-19 in March and April 2020 and a risk inspection carried out in July 2020 found non-compliance and risks associated with infection control. Risks identified in July 2020 were still evident on this inspection including, inadequate staffing resources to clean the centre to the required standard and lack of expertise in infection prevention and control. The provider had completed a review of the outbreak in 2020 and had identified learning which informed the centre's contingency plan for another outbreak. However based on the findings of this inspection the learning had not been sustained. Risks associated with fire were not identified and were therefore not being managed. Quality improvements from previous inspections in the centre had not been sustained. For example, there was a history of non-compliance with fire safety and risks previously identified by inspectors were identified again on this inspection.

While there were sufficient care staff and activity staff on duty to meet the daily care and social needs of the residents, there were insufficient staff resources for housekeeping and the centre was not cleaned to the required standards. Inspectors saw numerous examples of floors, surfaces and equipment which were not clean. While the provider had attempted to address this risk following an inspection in July 2020 the actions taken were inadequate to inform sustained improvements.

Training records viewed on the day of the inspection were difficult to interpret. Gaps in mandatory training records were observed, for example, fire training and infection prevention and control training. This was discussed with the management team during the inspection. The provider subsequently submitted an updated training matrix for the centre which did not provide assurances that staff had access to appropriate training.

A review of complaints management was required in order to ensure that the centre had an effective complaints procedure in line with the regulations. On the day of inspection, two complaints were brought to the attention of inspectors by relatives regarding personal items which were reported missing. Both had previously made the staff aware of the missing items and they both acknowledged that the centre had helped search and find one of the items. Neither complainant had been made aware of the complaints procedure nor were the complaints recorded for quality improvement.

The centre were currently undertaking to transfer all resident care plans to an electronic system. Records were appropriately maintained, safe and accessible. Requested records were not always available to inspectors throughout the day. Improvements were required in staff records and in the updating of Garda vetting for some staff who had worked in the centre for a number of years. The provider was undertaking to review this and update these records.

Regulation 15: Staffing

There was insufficient staff resources to maintain the cleanliness of the centre. This was an ongoing non-compliance and the provider had failed to implement the required improvements following the last inspection in July 2020.

Judgment: Not compliant

Regulation 16: Training and staff development

Information submitted following the inspection did not provide assurances that all staff had access to training appropriate to their role and in line with relevant national guidance. For example, fire safety training and infection control training was out of date and there was no record that staff had training for the correct use of personal protective equipment, which was also a finding on the previous inspection.

Improved supervision of staff was required to ensure compliance with hand hygiene in line with the centre's policies and to guide and support housekeeping staff in performing their role.

Judgment: Not compliant

Regulation 21: Records

Improvements were required with staff records. A sample of four staff files were viewed, two of the files did not have a satisfactory record of gaps in employment history as required under schedule 2 requirements.

Maintenance records for the centre's fire detection and alarm system and emergency lighting were not available during the inspection as required under schedule 4 and were submitted following the inspection.

Judgment: Substantially compliant

Regulation 22: Insurance

There was a valid contract of insurance against injury to residents and additional liabilities.

Judgment: Compliant

Regulation 23: Governance and management

There were insufficient resources to provide a safe environment for residents and staff. For example, the centre did not have sufficient housekeeping staff to clean the centre to the required standards.

The systems in place did not support effective governance and management of the centre, for example, audits were not informing quality improvements and audit schedules were not adhered to. The provider had not identified risks with infection control and fire which were impacting on the safety and well being of all residents and staff. In addition the provider lacked expertise in key areas where high levels of risk were found on inspection, namely, fire and infection control. An urgent action plan was issued following the inspection to reduce the risks and provide a safe environment for residents, with which the provider engaged.

Documentation of management meetings was poor. The most recent record available to inspectors was of a meeting held on 2 February 2021, there was no follow up on the issues discussed at the meeting. For example, the meeting stated that fire drills in centre's largest compartment had not been practiced with night time staffing levels. This was a risk identified on inspection and drills had not been completed up to the time of inspection in July 2021. Inspectors were not assured that the provider had sufficient oversight of the service.

There was ongoing non-compliance with regulations and the provider had failed to complete compliance plans or sustain any improvements made.

Judgment: Not compliant

Regulation 34: Complaints procedure

Complaints were not being managed in line with the centres' policy. Two complaints brought to the attention of inspectors were not recorded in the centre's complaints log. There were no records of any complaints in 2021. This was not in line with the regulations and was a missed opportunity for quality improvement in the centre.

Complaints management was found to be not compliant on the centre's last

inspection and they had failed to make any improvements.

Judgment: Not compliant

Quality and safety

Residents were mostly happy with the care and services provided in this centre and gave positive feedback about the staff and management team. However, the high levels of non-compliance found on inspection was posing a risk to the safety and well being of residents and staff particularly with regard to fire safety and infection control.

There were significant and serious concerns about the safe evacuation of residents from the 12 bedded compartment on the ground floor and a six bedded compartment on the first floor when staffing levels were lowest. This risk had been highlighted to the provider in January 2020 and previously in August 2018. The most recent compartment evacuation drill took place in January 2020 and fire drill reports did not provide assurances that residents would be safely evacuated in a timely manner. An urgent action plan was issued to the provider following the inspection and fire drills submitted following the inspection did not provide assurances that residents would be evacuated in a timely manner.

Oxygen cylinders were inappropriately stored in a room with other combustible items, this was pointed out during the inspection and the provider confirmed the following day that these had been removed to a more suitable storage area in line with the safety data advice.

The provider was in the process of installing a fully addressable fire detection system in the centre however, this was not based on any fire safety assessment of the building by a competent person. In addition the provider was not sure of the integrity of fire compartments in the centre. A fire evacuation chair was available on the first floor to assist in the vertical evacuation of residents from this area in the event of a fire however, staff were not trained in vertical evacuation and had not been instructed on the use of the evacuation chair. Records of mandatory training for all staff in fire safety were submitted following the inspection and confirmed that staff were not up to date with annual fire safety training. Quarterly service records for the fire detection and alarm system and for the emergency lights were submitted following the inspection and confirmed that servicing was completed in line with the requirements.

Personal evacuation plans for residents were updated in February 2021 and kept in a folder in the nurses office- some staff were not familiar with these evacuation plans and the provider was undertaking to put in place a system whereby staff would have quick access to up-to-date evacuation plans for all residents. They were also undertaking to add the supervision needs of residents post an evacuation to the plans. There was no risk assessment of the fire risks found on inspection. The major

impact of these accumulated fire risks was on the safety of all residents and staff in the centre

The provider was failing to ensure that procedures consistent with the standards for infection prevention and control were implemented by staff. For example, the frequency and standard of cleaning observed on inspection was not adequate and inspectors saw that floors, surfaces of fixtures and fittings and equipment were not properly cleaned. Procedures, frequency and methods for housekeeping and environmental cleaning were not available to guide staff on how to clean the centre. The centre was found to be unclean in many areas and the accumulated impact of these findings was on the safety and well being of all residents from the risk of environmental cross contamination.

While the provider had made some improvements to the premises since the last inspection, the premises required significant upgrading in order to comply with schedule 6 of the regulations. The major impact of this was on the safety, well being and privacy of the residents, as described in the views section of the report. For example, several toilets throughout the centre did not have appropriate assistive hand rails for the safety of residents. Wear and tear on the fabric of the building did not allow effective cleaning.

There was a good standard of care planning in the centre. The provider was in the process of transferring paper care plans to an electronic format. In a sample of electronic care plans viewed residents' needs were comprehensively assessed by validated risk assessment tools. While the standard of person-centered detail was not matching the paper files the centre were currently addressing this and hoped to have similar detail in the electronic files. Care plans were routinely reviewed and updated in line with the regulations and in consultation with the resident. Residents health care needs were met in accordance with their ongoing assessment of need and they had access to their GP and allied health professionals as required.

Some practices in the centre, for example, labelling of drawers in bedrooms was not person-centered. However the provider was in the process of reviewing this task based practice and removing the labels. Many bathroom and toilet doors throughout the centre did not have privacy locks to protect residents' privacy and dignity.

Staff were observed to be kind and respectful in their interactions with residents. Residents were very positive in their feedback about staff and many examples of person-centered and respectful care were observed throughout the day with all staff having the same kind and patient approach. Residents had control over their daily lives and could exercise choice in how to spend their day. This was evidenced as residents were seen to eat meals at times to suit them rather than the centre and had access to the outside spaces and quiet rooms indoors.

Activity provision was good in the centre. Activities were provided over seven day per week between 10.30 and 15.30. Activity coordinators were rostered daily and were observed providing person-centred activities during the inspection. Activity staff were supported to carry out their role by appropriate training. Residents had access to radios, telephones and television. Residents of all ages were supported to

access services appropriate to their needs and capacities.

Visiting had recommenced indoors and residents were receiving visitors in their bedrooms and outside in the gardens. There was evidence of adequate arrangements in place for consultation regarding visits with relatives and families during the COVID-19 pandemic. The centre and relatives informed the inspectors there was an ethos of open visiting. The centre was undertaking to continually review visiting arrangements in line with the national guidance and to ensure residents' right to visits was upheld.

Regulation 11: Visits

The centre were currently refocussing on the arrangements for the new visiting guidance to ensure that visits were more normalised and in line with the new national guidance. Inspectors did observe meaningful visits which were facilitated by the visiting facilitator at the centre.

Judgment: Compliant

Regulation 17: Premises

The registered provider was not providing a premises that conformed to the matters set out in schedule 6 of the regulations. The major impact of this was on the safety and well being of residents and staff.

Examples included;

- Tiles and grout in a shared shower room were stained and impossible to clean and some bathroom ceilings had mould spots which posed a health risk to all residents and staff who used these rooms.
- The premises was in a poor state of repair in many areas including worn and damaged flooring, skirting boards, doors, tiles and walls rendering them difficult to clean.
- Equipment was not maintained to a high standard, for example, commodes, dressing trolley and dressing scissors were unclean.
- Toilets did not have assistive handrails to meet the needs of residents.
- The drugs room did not have the appropriate equipment to serve as a clinical room such as smooth surfaces, a clinical hand wash basin, appropriate storage for clinical items. Due to the small size of the room the dressing trolley was used as a storage trolley, which is inappropriate use of this piece of equipment.

Judgment: Not compliant

Regulation 27: Infection control

Systems and resources in place for the oversight and review of infection prevention and control practices required review. Hand hygiene, which is the single most important step in preventing the spread of infection required improvement. Inspectors observed practices that were not consistent with National Standards for infection, prevention and control in community services. This was evidenced by:

- Many areas of the centre were not cleaned to an acceptable standard
- There were no housekeeping procedures to guide staff to clean the centre. The current system was a list of rooms in the centre which staff would tick once cleaned. Deep cleaning procedures and enhanced terminal cleaning procedures were not available and based on the observations of inspectors were not being completed. This lack of guidance and oversight was clearly impacting on the standards of cleaning in the centre.
- The centre used a color coding cloth and mop system however, this was not properly implemented. Mop heads were observed to have a number of different color tags attached. Staff were therefore unable to identify where these mops should be used. For example, bathroom mops should only have a red tag so that staff know only to use those particular mop heads in a bathroom and not in a day room or dining room which may increase the risk of cross contamination from a high risk area to a low risk area.
- Hand hygiene practices observed were sometimes poor and required review. Staff missed opportunities to decontaminate their hands between attending to residents and tasks and hand jewellery was worn by some staff.
- Facilities for and access to staff hand wash sinks were less than optimal throughout the centre. There was a limited number of dedicated clinical hand wash sinks in the centre, of these all were not compliant with Health Building Note 00-10: Part C standards. Resident's sinks should not be dual purpose.
- Systems in place for the storage, segregation and flow of soiled and clean bed linen, towels and personal clothing on the resident floors and in the laundry room required review in order to reduce the risk of cross infection.
- When requested, the Provider could not present records that the infrequently use water outlets were being flushed appropriately and one potential dead-leg, (where water flow is capped or ceased), was noted in a decommissioned shower room. This could increase the risk of Legionella development within the water system.

An urgent action plan was issued following the inspection and the provider took steps to improve infection control procedures in the centre including, a deep clean, revised cleaning procedures and updated infection control training of all staff.

However, this is an ongoing non-compliance and the provider had failed to make the necessary improvements following the last inspection.

Judgment: Not compliant

Regulation 28: Fire precautions

The registered provider was not taking adequate precautions against the risk of fire, for example, inappropriate storage of oxygen in a room with other combustible materials.

All staff hand not received annual fire safety training.

Assurances were required that residents could be evacuated in a timely manner in the event of a fire in the centre. Simulated fire drills had not been practiced in the centre's largest fire compartment and on minimum staffing levels. Staff had never practiced vertical evacuation drills from the centre's 6 bedded compartment on the first floor. There was an immediate risk to the safety and well being of residents and staff due to the accumulated risks outlined and an immediate action plan was issued to the provider following the inspection.

Following the inspection the fire and estates inspector did a a desk-top review and wrote to the provider requesting documentation and information including further information regarding compartmentation, electrical installations and staff training.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

The standard of care planning was good and described person-centered care interventions to meet the assessed needs of residents. Validated risk assessments were regularly and routinely completed to assess various clinical risks including risks of malnutrition, pressure sores and falls.

Based on a sample of care plans viewed appropriate interventions were in place for residents' assessed needs.

Judgment: Compliant

Regulation 6: Health care

There were good standards of evidence based health care provided in this centre. GP's and consultant psychiatry of older age attended the centre to support the residents' needs. Allied health professionals also supported the residents on site where possible and remotely when appropriate. There was evidence of ongoing referral and review by allied health professionals as appropriate.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were not always able to undertake personal activities in private. Improvements were required to ensure residents privacy was protected and promoted in the centre. Shared toilets and bathrooms did not have privacy locks and privacy curtains in some twin bedrooms did not extend around the resident's bed space to allow for privacy.

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
Capacity and capability	
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Not compliant
Regulation 21: Records	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 34: Complaints procedure	Not compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	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-0033445

Date of inspection: 20/07/2021

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	Not Compliant

Outline how you are going to come into compliance with Regulation 15: Staffing:
Asgard Lodge Nursing Home Reply:

· Post the HIQA Inspection in July 2020, Asgard Lodge Nursing Home had implemented a cleaning schedule of regular "Deep Cleans" in our Home where staff were rostered to work extra shifts to maintain the cleanliness of the centre
• These Extra Rostered Cleaning shifts had meant that an average of 2 extra shifts were worked per week for the period up until March 2021
• Owing to the long term sickness of a number of staff in this department our weekly average was reduced post this period
• Asgard Lodge Nursing Home did not initially replace these staff members as were not sure how long they would be unavailable for
o Once it became apparent these staff members would be missing for a concerted period of time we began a recruitment drive for this department

· Asgard Lodge Nursing Home took on a of new Domiciliary/Cleaning staff in June and July 2021 and as a result were able to implement the following:
• Extra cleaning personnel were rostered for the period post the HIQA Inspection in July 2021 so as to conduct deep cleans of all areas of the centre
• Domiciliary/Cleaning hours were also increased x 2 hours each day, 7 days a week so as to maintain standards in the home
o This was implemented from Thursday 22 Jul 2021
o With the increase of the Domiciliary role by an extra 2 hours a day we were able to complete a rework of our room allocations across both shifts (Domiciliary 1 and Domiciliary 2) which meant each room is now getting a more rigorous clean on a regular daily basis

· It must be noted that pre the inspection, Asgard Lodge Nursing Home had already identified this department as an area for improvement
• As such, an extra Domiciliary/Cleaning staff member was working on the day of HIQA's unannounced inspection in July 2021

• This is in line with Asgard Lodge Nursing Home's high staff ratio where staff ratios are around 72% to turnover where the industry average is roughly 65%

Regulation 16: Training and staff development	Not Compliant

Outline how you are going to come into compliance with Regulation 16: Training and staff development:
Asgard Lodge Nursing Home Reply:

- Fire Training
o Annual Fire Safety Training
· Pre the HIQA Inspection in July 2021, Asgard Lodge Nursing Home had engaged with an External Fire Safety Firm who had completed 80% of our Annual Staff Fire Training up to the day of the inspection
· Owing to a personal issue for the Trainer, the final session which was due to be completed on 08 July 2021 had to be cancelled
· This session subsequently took place on 28 July 2021 where all Asgard Lodge Nursing Home Staff have now completed their Annual Fire Training
o Fire Training Matrix
· Asgard Lodge Nursing home have created a Fire Training Matrix where internal and external training is recorded for each and every staff member
· The Matrix identifies areas such as Fire Induction, Annual Fire Training, Horizontal and Vertical Simulations and when each last took place

- IPC Training
o All Staff in Asgard Lodge Nursing are now up to date with their Infection Prevention and Control training
· Via online training.
· The courses all staff members undertook were
• Basics of infection prevention and control
•Hand hygiene
o Asgard Lodge Nursing Home have also engaged with an External IPC Consultancy agency who will run an IPC Managerial Issues course for staff on 27 August 2021
o Asgard Lodge Nursing Home have outsourced and engaged with an External Training Agency who will provide the platform for all our staff's IPC training going forward
· This training platform is used across the industry and will provide staff with a multitude of training modules such as the Correct use of PPE and will provide the appropriate level of staff training into the future

- Ensuring Compliance of Good Hand Hygiene
o Asgard Lodge Nursing Home are conducting weekly audits of staff members to ensure compliance with hand hygiene
o Staff members results are analysed through a Globox auditing tool and feedback is

given as to improvements should they be needed

- Documentation to Support Cleaning Staff
o Documentation was updated to reflect the change in Cleaning practices and to instruct Cleaning Staff on how complete their work
· This Documentation contained items such as instruction manuals and step by step guides on how to complete their day to day work

Regulation 21: Records	Substantially Compliant

Outline how you are going to come into compliance with Regulation 21: Records:
Asgard Lodge Nursing Home Reply:

- Staff Records
o Asgard Lodge Nursing Home have reviewed all staff records and will continue to review said records into the future to identify any record of gaps in employment history

- Maintenance Records for Fire Detection and Alarm System
o Asgard Lodge Nursing Home can confirm that the necessary Inspections were carried out in the previous quarters but the certificates were not available on day of inspection
· Said Certificates were duly provided to the home who in turn provided to HIQA
o Asgard Lodge Nursing Home accept that these certificates should have been available on the date of inspection and management take full responsibility for this oversight
o We can also confirm that the date and times of these Inspections will be tracked internally by the home via both a Management tracking sheet and via tracking in our fire book where the date of previous inspections will be displayed along with whether they are quarterly or annually

Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
Asgard Lodge Nursing Home Reply:

- Sufficient Housekeeping Staff
· Post the HIQA Inspection in July 2020, Asgard Lodge Nursing Home had implemented a cleaning schedule of regular "Deep Cleans" in our Home where staff were rostered to work extra shifts to maintain the cleanliness of the centre

• These Extra Rostered Cleaning shifts had meant that an average of 2 extra shifts were worked per week for the period up until March 2021
• Owing to the long term sickness of a number of staff in this department our weekly average was reduced post this period
• Asgard Lodge Nursing Home did not initially replace these staff members as were not sure how long they would be unavailable for
o Once it became apparent these staff members would be missing for a concerted period of time we began a recruitment drive for this department

· Asgard Lodge Nursing Home took on a of new Domiciliary/Cleaning staff in June and July 2021 and as a result were able to implement the following:
• Extra cleaning personnel were rostered for the period post the HIQA Inspection in July 2021 so as to conduct deep cleans of all areas of the centre
• Domiciliary/Cleaning hours were also increased x 2 hours each day, 7 days a week so as to maintain standards in the home
o This was implemented from Thursday 22 Jul 2021
o With the increase of the Domiciliary role by an extra 2 hours a day we were able to complete a rework of our room allocations across both shifts (Domiciliary 1 and Domiciliary 2) which meant each room is now getting a more rigorous clean on a regular daily basis

· It must be noted that pre the inspection, Asgard Lodge Nursing Home had already identified this department as an area for improvement
• As such, an extra Domiciliary/Cleaning staff member was working on the day of HIQA's unannounced inspection in July 2021

- Audits (Quality Improvements and Schedules)
o Asgard Lodge Nursing Home will be conducting regular audits of systems and practices to ensure compliance across a number of competencies. Competencies will include areas such as:
· Medication Management
· IPC
· Care Planning
· Restraint
· Nutrition and Hydration
· Wound Care
· Accidents and Incidents
· Complaints
o Results are analysed and feedback is given as to improvements should they be needed

- Risk Management
o Risks around IPC and Fire have been incorporated into our Risk Register

- Lack of expertise in Infection Control and Fire

o Infection Control
· Asgard Lodge Nursing Home have engaged with an Infection Control Expert who conducted a walk-through of our Home on 24 August 2021 and will issue a subsequent audit report on their findings
· The purpose of which will be to inform the home as to any issues that need to be addressed and further educate the Management team in the area of Infection Control
o Fire
· Asgard Lodge Nursing Home Asgard Lodge Nursing Home have engaged with both a Fire Safety Engineer and a Fire Safety Consultant to do an assessment of the entire home and to issue their findings on any improvements should they be needed
· The Engineer has advised that they will be in a position to begin their assessment work from around the week starting 20 September 2021
• Subject to projected completion of existing work
· Our Consultant is to work with our home on arranging a site visit to the Home as soon as is possible with a view to analysing and critiquing all fire risks throughout the centre
• The Consultant has advised a start date of early September but could be available earlier
· The aim will be in both instances that the Management Team will increase their knowledge around Fire Safety and Awareness
· Pre the inspection, Asgard Lodge Nursing Home had been in regular dialogue with the Local Fire Brigade to discuss our Fire Precaution Measures
• This dialogue has continued where the Station Officer conducts regular visits to the home
• Management have found this to be very helpful in increasing our knowledge on Fire Safety

- Documentation of Management Meetings
o Asgard Lodge Nursing Home accepts that that the documentation of management meetings was lacking
o We can however confirm that a number of management meetings would have taken place and continue to take place on a regular basis but due to the high workload within the sector, minutes for meetings were not documented
o We will aim to minute our meetings going forward

Regulation 34: Complaints procedure	Not Compliant

Outline how you are going to come into compliance with Regulation 34: Complaints procedure:
Asgard Lodge Nursing Home Reply:

- Asgard Lodge Nursing Home have conducted a review of our complaint's procedure where it is displayed prominently at our front door so all residents and visitors are aware
- It is our Homes policy on admission that the resident or their representative reads this

procedure and signs to say they have read and understand our Homes complaints procedure
- We accept that it is best practice to continue to remind Residents and Family members of our Complaint's procedure should they ever feel they need to highlight any such concern with us
- All staff have been advised to record complaints into our complaints log so that we can endeavour to improve quality standards

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises: Asgard Lodge Nursing Home Reply:

- Equipment
o It must be noted that since our July 2020 inspection we had decommissioned a number of commodes in our home
o As are the IPC standards and correctly pointed out by HIQA, any trace of rust which in the case of these two commodes had traces of rust at the wheel braces cannot be accepted
· Asgard Lodge Nursing Home have since decommissioned the highlighted commodes and replaced with new models
o It must also be noted that in the past 14 months, Asgard Lodge Nursing Home have invested significantly into our Homes Assistive Equipment
· Hoists and Slings
• In June 2020, Asgard Lodge Nursing Home decommissioned one of our two Full Hoists with a brand new model
• In April 2021, Asgard Lodge Nursing Home purchased a third new high specification Full Hoist
• Since our July 2020 inspection, Asgard Lodge Nursing Home have also replaced all our individual residents slings with new slings for each resident

- Building and Furnishings
o As highlighted in the HIQA report, Asgard Lodge Nursing Home are in the process of redecorating our home where significant investment has taken place since our July 2020 inspection

· Flooring
• We screeded and fitted 82 sqm of a marmoleum compound floor along with coving into our Large Lounge in Our Home
• We screeded and fitted 60 sqm of a marmoleum compound floor along with coving into our Main Corridor in our Home
• We screeded and fitted 11 sqm of a marmoleum compound floor along with coving into our Quiet Room in our Home
• This work was Phases 1 and 2 of an ambitious 5 Phase Project where we plan to re-

floor the majority of the home with this screed solution and marmoleum compound flooring
• Phase 3 of this project which involves a number of the bedrooms in our home which is estimated to begin in November this year
• It must be noted that this process is quite complex and time consuming where the screeding of flooring alone takes up to 12 hours to complete and to set
o This involves getting residents up early, clearing their room out, completing the work, placing the furniture back into the room in time for the resident to return to their room that night
• A major issue that has also delayed our home in progressing this work further has been the current pandemic where we have had to contest with lockdowns and take into consideration the risk involved in bringing work persons into our home during what has been a very uncertain period for all

· Furniture
• Since our July 2020 inspection, Asgard Lodge Nursing Home have purchased
o 20 new Queen Anne Chairs
o 15 new side tables
o A number of Legacy Beds have also been replaced with high specification Low Profiling Beds

· Redecorating Our Home
• To date, Asgard Lodge Nursing Home have redecorated a number of rooms in our home
• Pre our HIQA Inspection in July 2021 we had redecorated our
o Main Hall
o Large Lounge
o Quiet Room
o Snug
o Six of our bedrooms
• We had also removed and replaced curtains and blinds from 10 locations in our home
• Post our HIQA inspection in July 2021 we have
o Addressed a number of skirting boards, tiles and doors throughout our home
o Replaced curtains and blinds from 7 locations in our home
o Addressed ceilings in bathrooms
o Please note that this work is ongoing where we aim to address each and every room in the home
o Owing to the fact that we are full capacity and have a waiting list we cannot do the whole home in one go as we need to take into account the impact of this work on our Residents daily lives

· Kitchen
• Since our July 2020 inspection, Asgard Lodge Nursing Home have invested significantly into our Kitchen where we have purchased
o A new industrial scale fridge
o A new state of the art dishwasher
o A new industrial scale extractor fan
o A new state of the art hot water boiler
o A number of New Kitchen Counters (Prep, Meat, etc…)

• The majority of our kitchen Delph has been replaced
• We removed all the shelving from our dry stores and replaced with new
• We have removed all worn trays, pans, etc… and replaced with new

· Heating Systems
• Pre the HIQA Inspection in July 2021, Asgard Lodge Nursing Home were in the process of investing significantly into our heating systems
• This project involves replacing one of our existing boilers with a new manifold system
• Once this is completed, a second boiler will be decommissioned and replaced

· Reminisce Area
• Pre the HIQA Inspection in July 2021, Asgard Lodge Nursing Home had spent a considerable sum converting part of our garden into a Reminisce Area for our Residents

- Handrails
o Asgard Lodge Nursing Home are in the process of purchasing a number of assistive handrails
o This process was initially delayed owing to a delay in the delivery of the first sample

- Medication Room
o Immediately post our HIQA inspection, the Nursing team in Asgard Lodge Nursing Home reorganised our store rooms
o As a result we now have a designated store room for clinical items where we can properly store our dressing trolley
o We are also in the process of refurbishing our medication room to ensure it is compliant with infection standards

Regulation 27: Infection control	Not Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
Asgard Lodge Nursing Home Reply:

- Cleaning of the Home
o Post the HIQA Inspection in July 2020, Asgard Lodge Nursing Home had implemented a cleaning schedule of regular "Deep Cleans" in our Home where staff were rostered to work extra shifts to maintain the cleanliness of the centre
• These Extra Rostered Cleaning shifts had meant that an average of 2 extra shifts were worked per week for the period up until March 2021
• Owing to the long term sickness of a number of staff in this department our weekly average was reduced post this period
• Asgard Lodge Nursing Home did not initially replace these staff members as were not sure how long they would be unavailable for
o Once it became apparent these staff members would be missing for a concerted period

of time we began a recruitment drive for this department

o Asgard Lodge Nursing Home took on a of new Domiciliary/Cleaning staff in June and July 2021 and as a result were able to implement the following:
• Extra cleaning personnel were rostered for the period post the HIQA Inspection in July 2021 so as to conduct deep cleans of all areas of the centre
• Domiciliary/Cleaning hours were also increased x 2 hours each day, 7 days a week so as to maintain standards in the home
o This was implemented from Thursday 22 Jul 2021
o With the increase of the Domiciliary role by an extra 2 hours a day we were able to complete a rework of our room allocations across both shifts (Domiciliary 1 and Domiciliary 2) which meant each room is now getting a more rigorous clean on a regular daily basis

· It must be noted that pre the inspection, Asgard Lodge Nursing Home had already identified this department as an area for improvement
• As such, an extra Domiciliary/Cleaning staff member was working on the day of HIQA's unannounced inspection in July 2021

- Documentation and Procedures to Support Cleaning Staff
o Documentation was updated to reflect the change in Cleaning practices and to instruct Cleaning Staff on how complete their work
· This Documentation contained items such as instruction manuals and step by step guides on how to complete their day to day work

- Colour Coding of Mop Heads
o Asgard Lodge Nursing Home replaced the majority of our Mop Heads at the start of July 2021 where 100 new mop heads were purchased to use in the home
o The specific colour tags had yet to have been removed from all the mop heads at the time of the inspection but we can confirm that all mop heads have now been subdivided by specific area so as to reduce cross contamination

- Encouraging Good Hand Hygiene Practices
o All Staff in Asgard Lodge Nursing have recently undertaken Hand Hygiene Training
o Asgard Lodge Nursing Home have engaged with an External IPC Consultancy agency who will run an IPC Managerial Issues course for staff on 27 August 2021 where the encouragement of good hand hygiene practices will be discussed and reviewed
o Asgard Lodge Nursing Home have outsourced and engaged with an External Training Agency who will provide the platform for all our staff's IPC training going forward
· Hand Hygiene been one such module
o Asgard Lodge Nursing Home have engaged with an Infection Control Expert who will conduct a walk through and an audit of our Home on 24 August 2021
· Hand Hygiene will be a focus area of said audit
o Asgard Lodge Nursing Home are conducting weekly audits of staff members to ensure compliance with hand hygiene
· Staff members results are analysed through a Globox auditing tool and feedback is given as to improvements should they be needed

- Facilities for Hand Hygiene Sinks

o Asgard Lodge Nursing conducted a review of our Hand Hygiene sinks on 24 August 2021. This was part of our External Audit completed by our IPC Consultant on this date.
· After conducting the review, it was agreed that we need to replace 5 Hand Hygiene Sinks
· We are due to replace our legacy boiler system in September and after speaking to our contracted plumber, we will aim to compete this work at the same time

- Systems in place for the Storage, Segregation and Flow of Soiled and Clean Linen
o Asgard Lodge Nursing Home have ordered Storage Trolleys and Bags so as to segregate soiled laundry and to create a clean flow in and out of our laundry

- Records for Flushing of Infrequent Use Water Outlets
o Asgard Lodge Nursing Home can advise that the Flushing of infrequent use water outlets was been completed by our Domiciliary Staff at multiple times during the week
· Unfortunately the documentation was lacking to reflect this process and procedure
o As our home is running at full capacity so we would only have a small number of areas where such an outlet exists
o With that in mind, we plan to pass this duty to our maintenance person who will complete on the recommended scheduled basis
o The highlighted dead leg has been addressed at source so no stagnant water is present

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions: Asgard Lodge Nursing Home Reply:

- Annual Fire Safety Training
o Annual Fire Safety Training
· Pre the HIQA Inspection in July 2021, Asgard Lodge Nursing Home had engaged with an External Fire Safety Firm who had completed 80% of our Annual Staff Fire Training up to the day of the inspection
· Owing to a personal issue for the Trainer, the final session which was due to be completed on 08 July 2021 had to be cancelled
· This session subsequently took place on 28 July 2021 where all Asgard Lodge Nursing Home Staff have now completed their Annual Fire Training
o Fire Training Matrix
· Asgard Lodge Nursing home have created a Fire Training Matrix where internal and external training is recorded for each and every staff member
· The Matrix identifies areas such as Fire Induction, Annual Fire Training, Horizontal and Vertical Simulations and when each one last took place

- Storage of Oxygen Cylinders
o Asgard Lodge Nursing Home can confirm that the highlighted oxygen cylinders were removed immediately on the day of the inspection

- Evacuation of Residents in a Timely Manner
o Using Chapter 4 of the HIQA Fire Safety Handbook for guidance and post the inspection Asgard Lodge Nursing Home ran a number of Fire Simulations in both our largest compartment on the ground floor and from our compartment on the first floor when staffing levels are at their lowest levels (i.e. Night time levels)
o Asgard Lodge Nursing Home are using new Fire Templates to encompass both Vertical and Horizontal Simulations when they take place
o We are continuing to run these and as a result have seen our average evacuation times continually drop where staff have become more familiar with our evacuation procedures
o Asgard Lodge Nursing Home have also engaged with external Fire Experts/Fire Consultants to further increase our in-house Fire Precaution knowledge
· Said consultants will conduct onsite visits to critique our Fire Precaution Measures
o Pre the inspection, Asgard Lodge Nursing Home had been in regular dialogue with the Local Fire Services to discuss our Fire Precaution Measures
· This dialogue has continued where a Fires Services Person conducts regular visits to the home
· Management have found this to be very helpful in increasing our knowledge on Fire Safety
o At the time of the inspection Asgard Lodge Nursing Home were in the process of installing a new state of the art L1 Fire Alarm and Detection system throughout the whole home
· We can confirm that the L1 System is now in place
· This new addressable system will mean that precious time would be saved should staff ever need to identify the source of a detection

- Fire and Estates Inspector Request for Information
o Asgard Lodge Nursing Home have provided all available Documentation and Information to the Fire and Estates Inspector
· We continue to engage with the previous management team to obtain any further information and documentation
· We have also engaged with Wicklow County Council Fire Department to obtain all Fire Certificates for the home
• Owing to a technical issue on their side, they continue to search their systems for all certificates
o Periodic Inspection of Electrical Installations
· Asgard Lodge Nursing Home can confirm that a Periodic Inspection of our Electrical Installations will begin on 26 August 2021 and will take two days to complete
o Staff Training
· Addressed as above
o Compartmentation
· Asgard Lodge Nursing Home have engaged with both a Fire Safety Engineer and a Fire Safety Consultant to do an assessment of the entire home and to issue their findings on any improvements should they be needed
· The Engineer has advised that they will be in a position to begin their assessment work from roughly the week starting 20 September 2021
• Subject to projected completion of existing work
• We have been advised by a number of persons in the industry that this is the earliest a person of this nature will be available

· Our Consultant is to work with our home on arranging a site visit to the Home as soon as is possible with a view to analysing and critiquing all fire risks throughout the centre • The advisor has advised a start date of early September but could be available earlier, subject to projected completion of existing work

Regulation 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
- Privacy Locks for Shared Toilets and Bathrooms
o Asgard Lodge Nursing Home can confirm that Privacy Locks have been installed on the doors of all Shared Toilets and Bathrooms

- Privacy Curtains in some twin rooms
o As per the inspector's notes, Asgard Lodge Nursing Home at the time of the inspection had recently reconfigured four twin bedrooms to increase the distance between the residents who are sharing these rooms
o As the reconfigurations was still in progress and with the repositioning of four beds it meant that the privacy curtains could not fully extend around the residents bed space to allow for full privacy
o This has now been rectified where all Residents Privacy Curtains Extend Fully around the Residents Bed

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 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.	Not Compliant	Orange	22/07/2021
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Not Compliant	Orange	01/10/2021
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	20/08/2021
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre,	Not Compliant	Orange	30/11/2021

	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	24/08/2021
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	22/07/2021
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	Orange	26/08/2021
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated	Not Compliant	Orange	30/09/2021

	infections published by the Authority are implemented by staff.			
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Not Compliant	Orange	01/11/2021
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.	Not Compliant	Orange	24/08/2021
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety	Not Compliant	Orange	24/08/2021

	management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.			
Regulation 34(1)(a)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall make each resident and their family aware of the complaints procedure as soon as is practicable after the admission of the resident to the designated centre concerned.	Not Compliant	Yellow	24/08/2021
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	Not Compliant	Orange	24/08/2021

	into the complaint, the outcome of the complaint and whether or not the resident was satisfied.			
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	22/07/2021