

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Asgard Lodge Nursing Home
Centre ID:	OSV-0000006
Centre address:	Monument Lane, Kilbride, Arklow, Wicklow.
Telephone number:	0402 32901
Email address:	asgardlodge@yahoo.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	James and Oonagh Tyrrell Partnership
Provider Nominee:	James Tyrrell
Lead inspector:	Louise Renwick
Support inspector(s):	none
Type of inspection	Announced
Number of residents on the date of inspection:	31
Number of vacancies on the date of inspection:	1

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
30 September 2014 09:50	30 September 2014 17:30
01 October 2014 10:00	01 October 2014 16:45

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

Outcome 01: Statement of Purpose
Outcome 02: Governance and Management
Outcome 03: Information for residents
Outcome 04: Suitable Person in Charge
Outcome 05: Documentation to be kept at a designated centre
Outcome 06: Absence of the Person in charge
Outcome 07: Safeguarding and Safety
Outcome 08: Health and Safety and Risk Management
Outcome 09: Medication Management
Outcome 10: Notification of Incidents
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 13: Complaints procedures
Outcome 14: End of Life Care
Outcome 15: Food and Nutrition
Outcome 16: Residents' Rights, Dignity and Consultation
Outcome 17: Residents' clothing and personal property and possessions
Outcome 18: Suitable Staffing

Summary of findings from this inspection

Over the course of the two days, the inspector met with the management, staff, residents, family members and members of the local community. This designated centre is a family run nursing home which has been in operation since 1996. The inspector found the centre to be warm and welcoming, with residents and families expressing their satisfaction with the services on offer. The centre provided a homely and relaxed environment for residents and visitors alike.

The inspector found that residents' health and social care needs were met to a high standard. The inspector observed a very personable service offered to residents living in the centre, with a strong connection to the local community. There was an

even balance between meeting the health needs of residents and ensuring the social aspects of daily life were encouraged.

There was an adequate level of staffing in the centre to provide the services outlined in the statement of purpose. Residents were treated with warmth and respect by staff, and staff were fully aware of the individual needs, wishes and preferences of residents.

The building was very clean and decorated in a homely manner, with individual items sought to ensure residents felt a sense of belonging and connection to the centre. A new extension was due to start in the coming weeks, which would provide four single bedrooms, office space and laundry facilities.

Overall, the inspector found a high level of compliance with the Regulations and Standards, with 16 of the outcomes found to be compliant. Residents were found to be enjoying a good quality of life and encouraged to maintain positive health. Some areas for improvement were identified in relation to documentation, and the monitoring and review of the overall service. The inspector was satisfied that these gaps in documentation did not result in any negative outcomes for residents, however these improvements were required to ensure that the nursing home was fully meeting the Regulations.

Improvements were required in relation to;

- The system of ongoing monitoring and review of the service
- Risk management documentation

Findings will be further discussed under each outcome in the body of the report.

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

Outcome 01: Statement of Purpose

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The inspector reviewed the most recent copy of the statement of purpose, dated July 2014 and found that it adequately reflected the services and facilities on offer in the designated centre. Some minor additions were required to fully meet Schedule 1 of the Regulations. For example, the arrangements in place for when the person in charge was absent from her post. The person in charge had addressed this at the time of report writing.

Judgment:

Compliant

Outcome 02: Governance and Management

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The inspector found that there was an effective management structure in place in the designated centre, and staff and residents were fully aware of the lines of reporting and who was accountable for the service. The person in charge, along with the assistant director and the provider, were a constant presence in the centre, and fully engaged in the operational management and administration of the centre on a regular and

consistent basis.

The inspector found that while some reviews and audits had taken place in the centre, the overall system to monitor and review the quality of the service as a whole, was in need of strengthening. There was a lack of planned and consistent clinical governance oversight to ensure all aspects of care and support were being monitored and improved. The inspector found that this area for improvement did not result in any negative outcomes for residents, but would ensure the centre continued to improve going forward.

Judgment:

Non Compliant - Moderate

Outcome 03: Information for residents

A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The inspector found that there was a policy in place for the provision of information to residents dated July 2014. There was a written residents guide available in the centre which met the requirements of the Regulations.

On review of a sample of residents' files, the inspector found that there were written contracts in place for residents which clearly outlined the terms and conditions of their stay and any additional fees to be charged.

Judgment:

Compliant

Outcome 04: Suitable Person in Charge

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that the designated centre was managed by a suitable person in charge with accountability, authority and responsibility for the provision of services. The person in charge is a registered nurse, works full time and has the required experience of working with Older persons.

The person in charge was planning on starting a qualification in Gerontology, and was also aware of the requirement to obtain a management qualification by 2017. The inspector was satisfied that the person in charge met the requirements of the Regulations.

Judgment:

Compliant

Outcome 05: Documentation to be kept at a designated centre

The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Governance, Leadership and Management

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

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

Findings:

The inspector was satisfied that the records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 were maintained. The inspector found that the designated centre had all of the written operational policies and procedures as outlined by Schedule 5 of the Regulations, and these had been reviewed and updated in 2014. Some policies which were in place, but were in need of further additions to fully meet the Regulations, will be discussed under outcome 7 and outcome 8.

The inspector found the documentation in relation to Schedule 3 regarding each resident was in place and securely stored. The general records required in relation to Schedule 4 of the Regulations were also found to be in order. The inspector reviewed documentation, and found that the designated centre was adequately insured against accidents or injury to residents, staff and visitors.

Judgment:

Compliant

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Outcome 06: Absence of the Person in charge
The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:
Governance, Leadership and Management

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

Findings:
The inspector found that there were suitable arrangements in place for the management of the designated centre should the person in charge be absent. The assistant director of Nursing deputises in the absence of the person in charge. The inspector was satisfied that the person in charge was aware of her statutory requirement to notify the Authority of any proposed absences.

Judgment:
Compliant

Outcome 07: Safeguarding and Safety
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:
Safe care and support

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

Findings:
The inspector was satisfied that there were measures in place to safeguard residents from being harmed or suffering abuse in the designated centre. There was an operational policy in place on the prevention, detection and response to elder abuse, dated as reviewed in July 2014. All staff members had signed that they had read and understood the policy and the reporting procedure, and what to do in the event of an allegation or suspicion. The inspector was satisfied that training was available to staff in this area, and carried out on a yearly basis. Through speaking with residents and reviewing resident questionnaires, the inspector found that residents felt very safe living in the designated centre and expressed that all staff were approachable.

The inspector was satisfied that there were systems in place to safeguard residents' money. A policy entitled residents personal property and possessions had been updated in March 2014, and detailed how the centre protects residents' finances. The inspector found practices in relation to this were simple but effective, with an accounts ledger system in place for residents who required support with managing their day to day finances.

Practices in relation to supporting residents with behaviour that challenged, were found to be safe and in line with the centre's policy. In practice, the inspector could clearly evidence that residents who required additional support in this regard were provided with it in a person centred and individual way. For example, one resident had a photo book filled with photographs of dogs, as this seemed to relax her. There were clearly documented care plans in place for residents, and evidence of input from external professionals where necessary. For example, psychiatry of old age.

The centre was using the national guidance document "Towards a restraint free environment", as the overarching guiding policy in relation to restrictive practices in the centre. The inspector found the centre was lacking in a local procedure or policy to compliment this national policy at the time of inspection. The person in charge intended to address this immediately, and submitted a draft local procedure to the inspector prior to the time of report writing. In practice, the centre managed the use of restraint well, keeping in line with best practice. All bedrails and lap belts had been risk assessed, and consent obtained from the resident for their use. The person in charge did not have a formal restraints register documented, however by the end of the second day of inspection had drafted a register for the inspector's review, which was deemed to be satisfactory.

The inspector was satisfied that the gaps in the documentation mentioned above did not result in any negative outcomes for residents in this centre under this outcome. Overall the inspector found that behavioural incidents were quite low, and were well managed through the use of adequate assessments and plans.

Judgment:

Compliant

Outcome 08: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Safe care and support

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

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

The inspector was satisfied that there was a good culture of promoting the health and

safety of all residents, staff and visitors in the designated centre. However, some minor improvements were required to some documentation.

There were policies and procedures in place to guide practices in relation to health and safety, infection control, falls management, fire management, responding to emergencies and risk. There was an up to date health and safety statement available.

There were adequate systems in place to prevent, detect and alert fire in the designated centre, which were checked and maintained on a regular basis by a suitably qualified professional. There was evidence of fire drills being carried out regularly, the evacuation plan was on display in various locations around the building, and staff had access to regular training in the area of fire safety and evacuation.

Some improvements were required to the risk management policy and procedures in order to fully meet the requirements of the Regulations. However, the inspector was satisfied that in practice, both environmental and clinical risks were identified and well managed.

Judgment:

Non Compliant - Minor

Outcome 09: Medication Management

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

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that each resident was protected by the designated centre's practices of medication management. There was a selection of policies and procedures in place which outlined best practice in relation to medication management.

The inspector found that documentation in relation to prescriptions and administration of medication was very clear, and staff nurses could clearly outline their practices in relation to the ordering, prescribing, administration and disposal of medication, which were in line with the centre's policy. There was adequate and secure storage for medication, with medication requiring refrigeration stored appropriately, and monitored daily. The practices in relation to the storage and recording of controlled drugs (MDA's) in the designated centre were robust and in line with legislation.

The person in charge carried out regular medication audits on medication management practices within the centre. The inspector found evidence of positive changes to practice following on from these audits. For example, a new typed system of transcribing

replaced previous handwriting and this created clearer records with less chance of error. Practices in relation to transcribing of prescriptions were clear, and in line with national guidelines.

There was a low rate of medication errors in the designated centre, and the inspector was satisfied that there was clear recording and monitoring of any possible medication errors by the person in charge.

Judgment:
Compliant

Outcome 10: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:
Safe care and support

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

Findings:
The inspector reviewed the accident and incident log for the designated centre and found that any notifiable event had been appropriately alerted to the Authority in line with the Regulations and set time frames.

Judgment:
Compliant

Outcome 11: Health and Social Care Needs

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

Theme:
Effective care and support

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

Findings:
The inspector was satisfied that improvements had been made since the last inspection, in relation to the care plans for residents, to ensure they were person centred, and

specific to guide staff.

The inspector was satisfied that residents' well-being and welfare was maintained by a high standard of evidence based nursing care. The inspector found that residents' health needs were met through timely access to allied health care professionals and treatment. For example, on review of residents' medical notes, the inspector found good access to their General Practitioner (GP), Speech and Language therapy (SALT) and palliative care. Residents had access to a private physiotherapist, if required, and occupational therapist through referral to the primary care team. A dietician was available, when required through a food supplement company, and there was evidence of residents' access to this in their medical notes.

The inspector reviewed a sample of residents' care plans, and found clear and up to date documentation in place. Residents' had appropriate pre-admission and continuous assessments to capture their individual needs, and care plans drawn up to reflect the care offered to meet these needs. This had been improved upon since the previous inspection. The inspector spoke with staff, and found them to be knowledgeable on individual needs of residents and the contents of their care plans. The inspector found that care plans were reviewed as residents' needs changed, but no less than at a three monthly basis.

The inspector found that any clinical risk for individual residents had been appropriately assessed and managed. For example risk of malnutrition, and risk of falls. The inspector found that there was a low number of falls within the designated centre, and a system of proactive management was in place. Other specific areas of risk or care had been adequately assessed and managed as evidenced in individual residents care plans. For example, residents with behaviour that challenged, or residents in use of a catheter. These were clearly outlined in residents' care plans to guide staff in their delivery of care.

The inspector was satisfied that residents' social care needs were being met within the designated centre. The inspector found that each resident had opportunities to participate in activities that were meaningful and purposeful to them, and which suited their individual interests and preferences. The inspector reviewed the weekly timetable and spoke with residents, and found there to be a variety of activities in place. For example, music from local performers, dog therapy, and social get togethers. The inspector found that as well as this set timetable of activities, residents were encouraged to be social, and interactions between staff, visitors and residents was positive. On the first day of inspection, the centre was hosting the launch of positive ageing week, with local politicians and community representatives present in the centre. There was a positive approach to inviting the community into the centre, and ensuring residents remained a part of the local area.

Judgment:
Compliant

Outcome 12: Safe and Suitable Premises

The location, design and layout of the centre is suitable for its stated purpose and meets

residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Effective care and support

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

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

Findings:

As part of the application to renew registration, the provider had submitted proposed floor plans for an extension to the designated centre which would include three additional bedrooms, new laundry facilities, storage space and an office. During this inspection, the inspector reviewed the floor plans, and discussed the works that were planned to be completed by April 2015. The inspector was satisfied that these improvements would ensure the actions from the previous inspection were adequately addressed.

The inspector found that the designated centre was located and designed to suit its stated purpose, and to meet the collective and individual needs of residents in a comfortable and homely way. The building was well maintained internally and externally, was cleaned to a high standard, and decorated in a warm and homely manner. There were two outdoor secure areas available for residents to enjoy the garden space. Internally there was two large communal rooms for activities and relaxation, along with numerous small rooms and areas around the building.

The inspector was satisfied that once completed, the extension would enhance the services currently on offer in the centre. This extension would reduce the use of a multi-occupancy bedroom and provide a much needed office space for the person in charge.

The inspector was satisfied that the premises met the requirements as outlined in Schedule 6 of the Regulations and were safe and suitable to meet residents' needs.

Judgment:

Compliant

Outcome 13: Complaints procedures

The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that the complaints of each resident, his/her family, advocate or representative and visitors were listened to and acted upon. There was an operational complaints policy in place dated July 2014. On review of the complaints log, the inspector was satisfied that complaints had been acted upon and reviewed as an opportunity for further learning. The inspector noted very few complaints raised in relation to the care and services offered in the centre.

The inspector spoke with residents, who expressed that they would go to any of the staff if they had a complaint, and felt they were approachable. Residents and families also named the person in charge or assistant director of nursing as the people to go to if they wished to make a complaint. Family members commented to the inspector that all staff working in the centre were approachable and helpful in this regard.

The inspector was satisfied that there was a sufficient process in place, were residents felt they could voice their concerns or complaints, and they would be acted upon and monitored. There was an external advocate available and known well to the residents to support them in raising any issues or concerns.

Judgment:

Compliant

Outcome 14: End of Life Care

Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

Theme:

Person-centred care and support

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

Findings:

The inspector was satisfied that residents received care at the end of his/her life which met his/ her physical, emotional, spiritual and social needs and respected residents' dignity and autonomy. The inspector reviewed the policy in relation to end of life care, dated July 2014 and found it to be satisfactory to guide practice in this area. The inspector reviewed a sample of residents' files who had recently deceased, and found their wishes and preferences for end of life had been honoured. The inspector was satisfied that the care offered at end of life was person centred and met their physical and spiritual needs. There was evidence of good pain management for residents who were at end of life, and involvement of and consultation with the family.

On review of documentation and from speaking with the person in charge, the inspector was satisfied that there was good access to specialist palliative care services were

required or appropriate.

The designated centre had the facility to offer residents use of a single room towards end of life, and the inspector saw evidence that this had been facilitated by residents in the past. The centre also offered recliner chairs and bedding to families who wished to stay with their loved ones, and all meals and refreshments offered.

The inspector was satisfied that respect was shown for the remains of deceased residents, families were offered the option of a wake in the designated centre if they so wished.

Residents' wishes to refuse treatment in the event of cardiac arrest were documented and discussed with the General Practitioner.

The inspector was satisfied that the designated centre was compliant with the Regulations in relation to end of life care. Some further improvements could be made through earlier discussions with residents who are not yet at end of life about their preferences. This was discussed with the person in charge during the inspection.

Judgment:
Compliant

Outcome 15: Food and Nutrition

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

Theme:
Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

The inspector found that residents' individual nutritional and dietary needs were identified and met within the designated centre. There was a policy in place in relation to the monitoring and documenting of nutritional intake. On review of a sample of residents' care plans, the inspector was satisfied that this policy was implemented in practice, with evidence of monthly malnutrition assessments carried out, weekly weight recording, and nutritional care plans in place to guide staff on the support necessary for particular nutritional needs.

The inspector joined a group of residents for a meal on the first day of inspection, and got positive feedback from residents about the quality and quantity of food available in the designated centre. The inspector found a pleasant atmosphere in the dining room, it was a social occasion, which was relaxed and unrushed. The inspector found that there was a menu on display for residents in the dining room and also the corridor of the

centre. Choices were offered at each meal.

The inspector spoke with families and staff in relation to some residents who had been admitted to the centre with very poor nutrition, low weight and eating difficulties. Families expressed gratitude at the efforts the nursing home had gone to, to improve their relative life in this regard. The inspector reviewed records, and found that a number of residents' eating habits and risk of malnutrition had improved greatly since coming to live in the centre.

The inspector found that the chef and kitchen staff had clear knowledge on the dietary needs of residents including their requirements for modified diets where required. Information on residents' individual needs was available in the kitchen, updated regularly, and the inspector found it to be in line with the information outlined in the residents' care plans. Residents who required modified consistencies, had the same choice as other residents, and were observed to receive support with their meals in a pleasant and dignified manner. The chef and kitchen staff had received training on nutrition and modified diets.

Judgment:

Compliant

Outcome 16: Residents' Rights, Dignity and Consultation

Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that residents were consulted with and participated in the organisation of the centre, and that each residents' privacy and dignity was respected.

The inspector found that there was a system of consultation with residents where their feedback is sought and informs practice. The inspector reviewed minutes of the residents' forum meetings and found that they were held on a regular basis. The inspector found that an external advocate was well known to residents, and visited the centre often. This external advocate hosted the residents meetings and recorded the minutes.

The inspector spoke with a number of residents, and reviewed questionnaires, and found that residents felt that they had choice and control over their daily routines. Over

the two days of inspection, the inspector found that residents were supported and treated in a respectful manner, with positive interactions observed between staff, residents and visitors. There were arrangements in place for residents to receive visitors in private if they wished, with a number of smaller communal areas available for families' use. The inspector found that residents had access to radio, television, newspapers and information on current affairs and local events.

Overall, the inspector was satisfied that residents' rights and dignity were respected, and they were appropriately consulted with in regards to the organisation of the designated centre.

Judgment:

Compliant

Outcome 17: Residents' clothing and personal property and possessions

Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that there were practices in place to safeguard residents' clothing, personal property and possessions. There was a relevant policy in place around this, which detailed how the centre protects residents' belongings. There was a simple and transparent checking system in place for the accounts of residents who required support with managing their day to day finances.

Residents' clothing was labelled upon admission to ensure safe return following laundering. The inspector spoke with residents who said their clothing was well cared for, and always returned to them safely. On review of the complaints log in the designated centre, there was no pattern of complaint in this regard.

Residents were provided with lockable storage in their bedrooms for personal items, and were encouraged not to keep large amounts of valuables or money.

Judgment:

Compliant

Outcome 18: Suitable Staffing

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date

mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:
Workforce

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

No actions were required from the previous inspection.

Findings:

The inspector found that the number and skill mix of staff in the designated centre was adequate to meet the assessed needs of residents. The inspector reviewed the roster and found there were two nurses on duty at all times, along with the nurse in charge and the assistant director of nursing during the working week. The inspector found that staff had a good relationship with residents and their families, and interactions observed were warm and respectful.

The inspector reviewed staff files and staff training records, and found the information required in relation to staff was all present and in line with the requirements of Schedule 2 of the Regulations. The training records indicated that staff had received up to date training in the mandatory fields in line with the centre's own policies. For example, Fire training and prevention of abuse training was run yearly for staff.

The person in charge and provider had adequate supervision and appraisal systems in place for staff. The inspector reviewed documentation in relation to this on each staff member's file.

There was a policy in place in relation to the recruitment, selection and vetting of staff which was implemented in practice, and was in line with best recruitment practices.

Judgment:
Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Louise Renwick
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Asgard Lodge Nursing Home
Centre ID:	OSV-0000006
Date of inspection:	30/09/2014
Date of response:	10/11/2014

Requirements

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

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

Outcome 02: Governance and Management

Theme:

Governance, Leadership and Management

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

A stronger system of oversight was required to ensure all aspects of care and support were being audited, monitored and reviewed.

Action Required:

Under Regulation 23(c) you are required to: Put in place management systems to ensure that the service provided is safe, appropriate, consistent and effectively

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

monitored.

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

We have an audit plan for the next six months. We intend to perform two audits per month to assess, evaluate and improve our provision of care in a systematic manner. This audit plan will be reviewed in the event of untoward incident to address any issues that can indicate where we can improve our service.

Proposed Timescale: 10/11/2014

Outcome 08: Health and Safety and Risk Management

Theme:

Safe care and support

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

The risk management policy required more information to ensure it was fully guiding the practices of identifying, assessing and managing risk in the centre.

Action Required:

Under Regulation 26(1)(a) you are required to: Ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.

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

Risk management procedures have been reviewed and amended to include impact and rating so as to highlight high risk areas to all staff.

Proposed Timescale: 10/11/2014