



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

Issued by the Chief Inspector

Name of designated centre:	Our Lady of Fatima Home
Name of provider:	Dominican Sisters
Address of centre:	Oakpark, Tralee, Kerry
Type of inspection:	Unannounced
Date of inspection:	12 October 2021
Centre ID:	OSV-0000264
Fieldwork ID:	MON-0034119

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Our Lady of Fatima Nursing Home is a single- storey building that commenced operation in 1968. It provides continuing, convalescent and respite care for up to 66 residents. It is situated on the outskirts of Tralee town and is in close proximity to all local amenities. It is a mixed gender facility and caters for residents of all dependency needs from low to maximum.

The centre is run by a religious order and the convent is in the grounds of the centre. There is a chapel attached to the centre where mass is celebrated daily. Residents accommodation is provided in 47 large single bedrooms and in four twin bedrooms all which are en-suite. 11 further single bedrooms also had their own sitting room provided in an apartment type accommodation. There is a large central dining room and a number of sitting rooms for residents use. Plenty of outdoor space is available including a large enclosed garden with tables and chairs and a smaller enclosed area opening from the activities room.

Care is provided by a team of nursing and care staff covering day and night shifts. Medical and other allied healthcare professionals provide ongoing healthcare for residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

58

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 12 October 2021	08:15hrs to 17:15hrs	Ella Ferriter	Lead

What residents told us and what inspectors observed

Our Lady of Fatima Home is a well established centre, where residents are supported to enjoy a good quality of life, and it is evident their rights are respected. Feedback the inspector received from residents and their families was overwhelmingly positive. The inspector spent time observing residents' daily lives and care practices in the centre, during this inspection, in order to gain insight into the experience of those living there. It was evident that care was person centred and staff were committed to the provision of high quality care. There was a warm and welcoming atmosphere in the centre and the inspector saw that the staffs interactions with residents were kind and caring. Staff knew the residents well and were familiar with each residents' daily routine and preferences for care and support.

The inspector arrived to the centre unannounced, in the morning. There were robust infection prevention and control procedures on entering the centre, which the inspector completed. After an opening meeting with the person in charge, the inspector was guided on a tour of the premises. Our Lady of Fatima Home is a single story designated centre registered to provide care for 66 residents, in the town of Tralee, County Kerry. There were 58 residents living in the centre on the day of this inspection. A building and refurbishment project was in progress, at the time of this inspection on St Albert's Wing, which was temporarily closed. This wing was being reconfigured to increase the size of existing bedrooms, to maximise comfort for residents. A new dining room was also being constructed.

The management and staff took pride in Our Lady of Fatima Home, and worked hard to provide an environment that was relaxed and comfortable. The inspector saw that bedroom accommodation was divided into wings, each depicting a Saints name. Bedrooms in the centre were spacious, and all had en suite facilities. Residents that lived on St Dominic's had individual suites, which comprised of an en suite bedroom and separate living room. The inspector met some residents living in these suites. They told the inspector how they really enjoyed having this additional space. Some of these suites were decorated with residents own personal memorabilia such as pictures and ornaments and some residents had large flat screen televisions.

There were sufficient communal rooms within the centre, which included two dining rooms. The main dining room in the centre was large and bright, and overlooked an internal garden. Communal rooms were nicely furnished, laid out in a homely style and arranged to promote social distancing, whilst retaining a friendly, social atmosphere. There was also a pleasant conservatory room, to the right of the entrance, where residents enjoyed a music session on the afternoon of this inspection.

The centre was exceptionally clean, and housekeeping staff spoken with were knowledgeable regarding cleaning protocols and procedures. There was effective

oversight of environmental hygiene by management. Staff were wearing personal protective equipment, however, the inspector observed that some staff were not wearing face masks appropriately and were not social distancing during breaks, which increased the risk of associated with transmitting COVID-19. In addition the inspector observed that there were not sufficient hand washbasins available for staff to wash their hands outside of the resident's bedrooms, and current hand wash sinks in clinical rooms required review, as detailed under regulation 27.

There were very good opportunities for residents to participate in meaningful social engagement, appropriate to their interests and abilities, throughout the day of this inspection. There were two members of staff allocated to activities and it was evident that they were knowledgeable about residents and familiar with their preferences for activities, and their ability to participate. Activities that took place on the day of this inspection included bingo, a sing song, mass, the rosary an exercise class and a baking reminiscence session. Residents spoke positively about the range of activities and told the inspector there was always a choice of something interesting to do. Two Sonas sessions, which focus on therapeutic activity for residents living with dementia, also took place, which involved sensory lighting, pictures and music. The centre had a large chapel, interconnected via a glass corridor. Residents were observed enjoying spending time in the chapel during the day and over half the residents attended mass at 10:30 am. Residents told the inspector they were happy that religious services had resumed.

The Inspector met with a number of residents throughout the day, in their rooms and in the communal areas, and spoke in more detail with nine residents. Residents were extremely complementary regarding the care they received. One resident told the inspector that staff always took time when helping with personal care, and that they never felt rushed. Another resident told the inspector that she would highly recommend the home to anyone and she couldn't have picked a better place. Residents described staff as caring, dedicated, kind and empathetic. The inspector observed throughout the day residents and staff engaging positively together, laughing, joking and singing.

Residents were observed moving freely around the centre interacting with each other and with staff. The corridors had grab rails along each wall to assist residents to mobilise independently. There were a variety of chairs placed in small seating areas around the centre, where residents could stop for a rest and a chat. Some residents walked independently outside, and residents who smoked were seen to independently use the smoking room throughout the day. One resident told the inspector they would love some more activities outside. The centre had a large secure internal garden, with nice shrubs. Seating for residents comprised of benches, situated along the walls of the building. The inspector was informed by management that there were plans to reconfigure the garden area, with new furniture and paving, to make it more comfortable and relaxing for residents.

The inspector observed that communal areas were supervised at all times and call bells were observed to be attended to in a timely manner. Staff who spoke with inspector were knowledgeable about the residents and their needs. Residents who chose to stay in their bedrooms were checked regularly. Staff were seen knocking

on residents' doors and respecting their privacy and dignity.

Visiting was taking place throughout the day of this inspection. Visitors were risk assessed before entering the centre. Residents told the inspector how they were so happy that visiting was permitted again, and they enjoyed being able to sit and meet with family. The inspector met and spoke with four visitors and they all were extremely complementary about the care provided in Our Lady of Fatima Home. They talked to the inspector about the kindness and caring nature of the staff and two visitors told the inspector they felt so lucky to have their family member accommodated such a wonderful place.

Residents spoke positively about the food provided to them and told the inspector there was always choice. Where residents gave feedback regarding food via meetings or surveys, there was evidence that these suggestions were acted on. One resident told the inspector that they required a specialised diet, and they had met with the kitchen staff to discuss meal options.

In summary, this was a good centre, with a responsive team of staff delivering safe and appropriate person-centred care and support to residents. The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place and the quality and safety of the service.

Capacity and capability

This inspection found that overall the governance and management of Our Lady of Fatima Home was robust, which ensured that residents received good quality, safe care and services. The management team and team of staff were committed to a process of quality improvement and person centred care.

This was an unannounced risk inspection to monitor compliance with the regulations. The last inspection of this centre had been in November 2019. The registered provider of this centre is the Dominican Sisters. The centre has a good history of compliance with the regulations, and there were no outstanding actions from the previous inspection.

On a daily basis care is directed by an experienced person in charge, who provided good leadership to the team and was well-known to residents. They were supported in the role by an assistant director of nursing, a clinical nurse manager and the extended team of nurses, care assistants, catering, administration, activities and housekeeping staff. The registered provider also employed an operations manager, who worked full time in the centre and was actively engaged in the day to day running of the centre. They had responsibility in the oversight of areas such as, the premises, fire precautions and human resources. The management team communicated with staff regularly, during daily meetings and at formal monthly

meetings and ensured they were appropriately supervised in their work.

The centre had sufficient resources to ensure the effective delivery of care, in accordance with the statement of purpose, and to meet residents' individual residents needs. The staffing levels and skill-mix of staff on the day of this inspection were found to be sufficient to meet the assessed dependency requirements of the residents. Records of staff meetings showed very good evidence of consultation with all disciplines of staff, and staff feedback was actively sought for the adoption and implementation of improvements within the centre. This included risks identified in the centre and review of audit findings.

There was evidence of a robust recruitment process which included a comprehensive induction, probation reviews and annual appraisals. Staff files reviewed complied with the requirements of Scheduled 2. Training was being monitored by the management team and additional training had been implemented in response to the COVID-19 pandemic. However, some gaps were noted in one mandatory training area, which is discussed further under regulation 16.

There was clear evidence of changes being discussed and implemented as a result of resident feedback surveys and complaints investigations. Both formal and informal complaints were investigated by the person in charge and residents confirmed that they were able to raise any concerns or issues that they might have. All incidents had been reported to the Chief Inspector as required by the regulations. The centre was being monitored via regular audits and the collection of clinical quality care indicators.

In summary, it was evident that there was good leadership and governance and management arrangements in place in Our lady of Fatima Home, which had a positive impact on the quality of life of residents who lived there.

Regulation 14: Persons in charge

The person in charge who worked full time in the centre and had responsibility and authority for the day to day running of the service. They were well known to residents, families and to the staff team. The person in charge demonstrated a good knowledge of their regulatory responsibilities and were committed to providing a safe and high quality service to residents.

Judgment: Compliant

Regulation 15: Staffing

The number and skill mix of staff on duty was appropriate, when considering the number of residents living in the centre and the size and layout of the centre. Staff

were knowledgeable and demonstrated competence in their work.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were supervised in their work and received regular feedback from management including annual appraisals. Staff had good access to training and the majority of mandatory training was up to date. However, 16% of staff were due training in managing responsive behaviors, which was yet to be scheduled.

Judgment: Substantially compliant

Regulation 21: Records

There was evidence that all staff had received Garda Siochana (police) vetting clearance prior to commencing employment in the centre. The inspector reviewed five staff files and all complied with Schedule two of the regulations.

Judgment: Compliant

Regulation 23: Governance and management

This was a well managed centre. There was a clearly defined management structure in place with explicit lines of authority and accountability. Management oversight systems in place ensured the service provided was appropriate, safe consistent and effectively monitored. A comprehensive auditing programme was in place, and findings were used to improve quality of care.

Judgment: Compliant

Regulation 31: Notification of incidents

There was evidence of learning from incidents to improve the quality of care. Record of incidents were well maintained in the centre and there was oversight evident by the person in charge. Based on a review of incidents the inspector was satisfied that notifications were submitted as required by the regulations, to the Chief Inspector.

Judgment: Compliant

Regulation 34: Complaints procedure

Complaints were well managed in the centre. There was a comprehensive complaints policy in place and this was displayed at the entrance to the designated centre. Residents had access to an appeal process, in accordance with the regulatory requirements. The inspector reviewed a sample of complaints and found that complaints were appropriately recorded and each complaint was investigated. Improvements were implemented when it was identified that improvements were required.

Judgment: Compliant

Regulation 4: Written policies and procedures

All policies as required by Schedule 5 of the regulations were in place and updated on a three yearly basis, in line with regulatory requirements.

Judgment: Compliant

Quality and safety

Overall, the inspector found the care and services provided to the residents in Our Lady of Fatima Home were to very good standard. Residents spoke positively about the care and support they received from staff and told the inspector that they were very content and felt safe in their home. Some improvements were required in infection prevention and control.

Residents in the centre had good access to general practitioners. Dietetic services were provided by a private nutritional company. There was access to physiotherapy and occupational therapy services. Residents also had access to specialist services including speech and language therapy, podiatry, palliative care and old age psychiatry when required. These multidisciplinary team's inputs were evident in a sample of care plans reviewed by the inspector. Care plans were person-centred and reflected the residents' current needs for care and support, in order to maximise the quality of their lives in accordance with their wishes.

The inspector acknowledges that residents, their families and staff have been through a difficult time, due to the constraints of the COVID-19 pandemic. The

centre had remained COVID-19 free since the start of the pandemic. There were adequate staff allocated to cleaning. Regular infection control audits had been completed and infection control training had been received by all staff. However, some areas regarding infection control were required to be addressed following this inspection, which are detailed under regulation 27. The management team were monitoring risk within the centre, and this was discussed at all staff meetings. The provider had adequate precautions in place against the risk of fire and there was a positive focus on fire safety.

Residents were encouraged to give feedback about their care and services. The inspector found that the person in charge and the provider representative were available to residents and were seen chatting with residents and their visitors throughout the day of the inspection. The centre had a residents forum which met three monthly. Resident satisfaction surveys were carried out. Results from the most recent survey were reviewed by the inspector and showed high levels of satisfaction amongst the residents.

Regulation 11: Visits

Visits were well managed in line with the current Health Protection and Surveillance Centre guidance (COVID-19 Guidance on visits to Long Term Residential Care Facilities). The provider had ensured that there were suitable private and communal areas available for the residents to receive their visitors.

Judgment: Compliant

Regulation 12: Personal possessions

Each resident had adequate space to store and maintain and store his/her clothes and personal possessions. Clothes were laundered on site and residents were satisfied with this arrangement.

Judgment: Compliant

Regulation 17: Premises

Overall, the premises was laid out to meet the needs of the residents and the provider was committed to making it as comfortable as possible for residents. The inspector observed that in a few bedrooms paint was scuffed, and was informed that there were plans for repainting these areas in the coming months.

Judgment: Compliant

Regulation 18: Food and nutrition

There were adequate numbers of staff available to assist residents at meal times. Residents had access to food, fluids and snacks at regular intervals and at reasonable times. Residents had a choice of menu at meal times. Residents were provided with adequate quantities of wholesome and nutritious food and drinks, which were properly and safely prepared, cooked and served in the centre. Residents who required specialist assessment and advice for their dietary needs, were supported through dietetic professionals.

Judgment: Compliant

Regulation 26: Risk management

There was a comprehensive risk management policy in place, which met the requirements of Schedule 5. For each risk identified, it was clearly documented what the hazard was, the level of risk, the measures to control the risk, and the person responsible for taking action. Risk was discussed at all staff meetings.

Judgment: Compliant

Regulation 27: Infection control

The following required to be addressed:

- ensuring staff were compliant with wearing personal protective equipment, as breeches were observed during this inspection. This particularly related to not wearing face masks appropriately.
- ensuring that staff maintained social distancing during their meal times, as staff were observed dining in close proximity.
- there were not enough clinical hand wash sinks in the centre and the current sinks did not conform with HPB 00-10 standards for sanitary facilities.
- the COVID-19 contingency plan and admissions policy required updating to reflect the most current guidance from the HPSC.

Judgment: Substantially compliant

Regulation 28: Fire precautions

There were comprehensive fire safety precautions in place, which included regular staff training and a comprehensive range of fire safety checks. There was evidence that fire drills took place which included evacuation of compartments, with night time staffing levels. Records evidenced that emergency lighting, fire fighting equipment and fire detection and alarm systems. were being serviced at the appropriate intervals.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Each resident had a comprehensive assessment of their needs and their preferences for care and support on admission to the designated centre. Residents' needs were assessed using standard tools, and a person centre care plan was developed to direct the staff to assist residents to meet those needs. These assessments and care plans were reviewed at least every four months or if the condition of the resident changed, as required by the regulations.

Judgment: Compliant

Regulation 6: Health care

Resident's had access to a wide range of health and social care services in line with their assessed needs. Specialist health and social care services were available and the records showed that referrals were sent promptly if a resident's needs changed. Where a specialist practitioner prescribed treatments these were implemented by nursing staff. The residents' general practitioners attended the centre for regular medical reviews, and residents had access to specialist geriatrician services where required.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The provider was focused on a restraint free environment,. There was a low incidence of restraint usage in the centre, with only two residents using bed rails on the day of this inspection. Restraint was being effectively monitored by the

management team. Behavioral support care plans were in place for residents as required.

Judgment: Compliant

Regulation 9: Residents' rights

Care was person centred and residents' rights were upheld. Residents were supported to maintain links with family and friends and their local community. Residents had access to television, newspapers and other media. Residents' views and feedback were actively sought through the resident's meetings, complaints, resident surveys and informal feedback. This feedback was used to inform areas for improvement and change within the service.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Our Lady of Fatima Home OSV-0000264

Inspection ID: MON-0034119

Date of inspection: 12/10/2021

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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: All staff have received Responsive Behaviour Training completed on or before 09.11.2021	
Regulation 27: Infection control	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Infection control: All staff have received additional training relating to wearing face masks appropriately and using social distancing during mealtimes. New sinks compliant with HPB 00-10 standards have been ordered and will be installed 15.11.2021. COVID-19 contingency plan and admissions policy were updated 13.10.2021.	

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	09/11/2021
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	15/11/2021