



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 Tralee Company Limited by Guarantee
Address of centre:	Our Lady of Fatima Home, Oakpark, Tralee, Kerry
Type of inspection:	Announced
Date of inspection:	20 September 2023
Centre ID:	OSV-0000264
Fieldwork ID:	MON-0037115

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. There is a chapel attached to the centre where mass is celebrated daily. Residents accommodation is provided in 58 single bedrooms and in four twin bedrooms all which are en-suite. 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 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:	66
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 20 September 2023	09:15hrs to 17:15hrs	Ella Ferriter	Lead
Thursday 21 September 2023	07:45hrs to 15:00hrs	Ella Ferriter	Lead

What residents told us and what inspectors observed

From the observations of the inspector and from conversations with residents, it was evident that residents living in Our Lady of Fatima Home were cared for by a team of kind and caring staff. The inspector spoke with several of the residents living in the centre and spent periods of time observing staff and resident engagement over the two days of this inspection. Residents spoke extremely positively about the dedication and commitment of staff, one telling the inspector that people working in the centre "really cared" and another resident saying that they "always tried their best".

This was an announced inspection carried out by one inspector. On arrival to the centre the inspector was met by the operations manager and the person in charge. The inspector saw that the entrance to the centre was warm and welcoming, with a reception desk, comfortable seating and pictures on the walls. The management team were all based in this area. Residents, staff and families were observed dropping into these offices over the two days. The inspector was informed that this was encouraged and there was an open door policy, where residents and families were encouraged to come and meet with the team, if they wanted to discuss any aspect of their care.

The inspector observed a pleasant, relaxed atmosphere throughout the two days of this inspection. Following an opening meeting with the person in charge, where the plan for the inspection was laid out, 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. The centre was full on the days of this inspection. Bedroom accommodation in the centre is divided into six distinct wings and consists of mainly single bedrooms (57) and four twin bedrooms. All bedrooms in the centre have en-suite facilities. The majority of the bedrooms in the centre were larger than what was required by the regulations and some twin rooms had been changed to single occupancy over the past couple of years, with the aim of making residents more comfortable in their environment.

The inspector saw that there was ample space in residents bedrooms for their personal belongings and many bedrooms were personalised with residents pictures from home, soft furnishings and some residents had their own refrigerators and had brought in larger televisions from home. A few residents had access to satellite sports channels in their bedrooms and they told the inspector they were always avid sports fans and enjoyed having this access to games. One unit in the centre, St. Dominic's had bedrooms with a separate sitting room attached. Residents living in this wing told the inspector they loved the space they had.

The inspector saw that the premises was designed and laid out to meet the individual and collective needs of the residents. There was a variety of indoor communal and private space available to residents which included two dining rooms and three sitting rooms. Although residents had access to a garden space, the

inspector noted that there was limited furniture available for residents in this area. The inspector saw that renovations had been undertaken in the centre since the previous inspection such as some new flooring, painting and internal decor to one of the dining rooms. Some further flooring was observed to require replacement, as detailed under regulation 17.

Some residents were observed over the two days going for walks independently at the front of the building. These residents were provided with high visibility vests, which they could collect on the porch, when they walked around the front of the premises, as there was a car park to the front and side of the building.

The inspector saw that residents appeared very well groomed and dressed over the two days. On the walk around of the centre, on day one the inspector saw that the hairdresser was on site, in the hairdressing room. Residents were enjoying getting their hair done and chatting with the hairdresser about their past and their families. Residents' personal clothing was laundered on site and the inspector saw this being returned to residents and stored neatly in wardrobes and drawers. Residents expressed satisfaction with this service.

On the walk around of the centre, on the first day the inspector saw some residents' breakfasts were beside them, while they were asleep. The inspector observed that breakfasts were getting cold and in some instances there was not staff available to assist residents at that time. On day two of the inspection the inspector saw that breakfasts were being delivered to rooms at 07:45 am, and many residents were asleep. The inspector was informed that this was to facilitate kitchen staffing levels. This finding is actioned and further detailed under regulation 18. Although the majority of feedback from residents was positive, three residents told the inspector that there could sometimes be delays in their care, particularly in getting up in the morning. Another resident told the inspector that they sometimes call staff but they are very busy and there is a delay in attending. These findings are actioned under regulation 15, staffing.

As part of this announced inspection process, residents and visitors were provided with questionnaires to complete, to obtain their feedback on the service. In total, two family members and eight residents completed the questionnaires. Residents conveyed that they were happy living in the centre and described staff as nice, friendly and helpful. Two residents wrote that they would like to have something to do at the weekends, as they were not happy with just movies being shown. This is actioned under regulation 9. Family members expressed satisfaction with the care and services being delivered in the centre and the fact that staff were always available if they had a concern and said that they were very approachable.

Throughout the two days, residents were observed to be engaged in various activities including music, games, relaxation therapy, exercises and one-to-ones. There were two members of staff allocated to activities, Monday to Friday and they had a schedule prepared daily. A large proportion of residents living in the centre attended mass in the mornings in the centre's large chapel, which was also open to the public. Mass was available to residents six days a week and many residents told the inspector they loved having this service in the home. Residents told the

inspector that they enjoyed a variety of activities and some residents told the inspector that chatting with staff and reminiscing was the most enjoyable activity they did. Residents were provided with local and national newspapers daily.

The inspector observed the lunch time meal on both days of the inspection and saw that it was a sociable dining experience for residents, in the dining rooms. Residents chatted together at nicely set tables were complimentary regarding the choices and quality of the food in the centre. The menu was displayed near the dining room and new menus in a colourful booklet form were on each table. Residents told the inspector they looked forward to this time of the day and the interaction with other residents and staff. However, the inspector noted that residents who required assistance of staff at mealtimes were routinely left in their bedrooms or brought back to their bedrooms for their meals, which did not afford them a dining experience. This is actioned under regulation 9, Residents rights.

Visitors were observed calling from mid-morning onwards and throughout the day. They were welcomed by staff and staff knew visitors by name and actively engaged with them. The majority of visitors spoke positively about the care that their family member received and praised the kindness of the staff working in the centre. Two visitors told the inspector that staff were on occasion very busy and may not have time to attend to their family member. One visitor enquired as to why their family member always ate meals in their bedroom. Residents were encouraged to go out with family and some were observed being collected on the days of this inspection to go out for dinner or attend appointments.

Residents who were unable to speak with the inspector were observed to be content and comfortable in their surroundings. It was evident that staff knew the residents well and provided support and assistance to residents with respect and kindness. Staff that spoke with the inspector were knowledgeable about residents and their individual needs. Residents reported that staff made them feel at home in the centre and that they were treated with dignity and respect.

The next two sections of the report will present the findings of this inspection in relation to the governance and management arrangements in place and how these arrangements impact on the quality and safety of the service being delivered.

Capacity and capability

This was announced inspection conducted by an inspector of social services, to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. Findings of this inspection were that Our Lady of Fatima Home was a good centre, where the residents were supported and facilitated to have a good quality of life and there were good levels of compliance found on inspection. However, the main areas that were identified as requiring action during this inspection included staffing, food and nutrition and

residents rights. These will be detailed under the relevant regulations.

The registered provider of the centre is Dominican Sisters Tralee Company Limited by Guarantee, which comprises of seven directors. There was a clearly defined management structure in place, which identified the lines of authority and accountability. There was evidence that the board of directors of the company met monthly to discuss pertinent issues such as human resources, finance, risk management, complaints and incidents. The person representing the provider, a Dominican Sister, was present in the centre most days and was well known to residents and staff. They had a positive attitude to regulation and were responsive to the findings of this inspection.

There was a clearly defined management structure in place which identified the lines of authority and accountability. Within the centre, from a clinical perspective, the management team consists of a person in charge, an assistant director of nursing and a clinical nurse manager. Additionally the registered provider employed two senior managers who worked in the centre two to three days weekly. One is a named persons participating in management, on the centres registration, had extensive clinical experience and were also a member of the board. The operations manager, was also actively engaged in the day to day running of the centre and had responsibility in the oversight of areas such as the premises, fire precautions and human resources. The management team had a positive attitude and were committed to ensuring that residents living in the centre enjoyed a good quality of life and received safe care. They were supported by a team of nurses, healthcare attendants, domestic, catering, activities and maintenance staff.

The Chief Inspector had been notified in February 2023, as per regulatory requirements, that the previous person in charge had resigned from their position. There was engagement with the provider and the Office of the Chief Inspector on receipt of this information and escalation ensued, whereby a condition was attached to the centre's registration. This condition required the provider to ensure that the post of person in charge in the designated centre is held by a person who is a registered nurse, with management experience and a management qualification by 31 July 2023. The provider had appointed a person in charge who met regulatory requirements by this date. The provider applied in August 2023, under Section 52 of the Health Act 2007, to remove this condition and this application had been granted by the Chief Inspector.

This inspection found that although staff demonstrated competence in their roles, there was not an adequate number and skill mix of staff working in the centre to meet the assessed needs of the 66 residents living in the centre. This finding was based on the size and layout of the centre and the assessed needs of residents. This directly impacted on care delivery, as further detailed under regulation 15. Residents dependency levels were also found to be inaccurate and not monitored accurately, therefore, this information could not be used appropriately, to assist management in planning staff resources. This is actioned under regulation 23.

There was a comprehensive schedule of training maintained in the centre. It was evident that staff were provided with training, appropriate to their roles and there

was a focus on moving towards more face-to-face training to facilitate staff engagement and learning from each other. However, some newly recruited staff had yet to attend mandatory training and other staff were overdue refresher training, as outlined under regulation 16, training and staff development. There was a comprehensive induction process for new staff and a further period of supervision once the induction process was complete, to support staff adapt to the new environment.

Good systems of information governance were in place and the records required by the regulations were maintained effectively. The inspector reviewed a sample of staff files, which included registration details for nursing staff and police vetting. A sample of four staff personnel files were reviewed by the inspector and found to contain all the information required under Schedule 2 of the regulations. The inspector saw evidence that the quality and safety of care provided to residents was being monitored and there was a commitment to on-going improvement and quality assurance. This was through the collection of key clinical performance indicator data on falls, weight loss, frailty skin integrity and wounds. There was a comprehensive suite of clinical audits and associated time bound action plans.

Policies and procedures were available which provided staff with guidance about how to deliver safe care to the residents. The inspector reviewed the policies required by the regulations and found that all policies were reviewed and up-to-date. An annual review of the service for 2022 had taken place, as required by the regulations. This was available to residents and visitors. All incidents had been notified to the Chief Inspector, as required by the regulations.

Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration

The provider submitted an application to remove restrictive condition four of the centre's registration, which related to the appointment of a person in charge who met the requirements of the regulations. The required information was submitted and at the time of this inspection a notice of proposed decision had been issued to the provider that the condition would be removed.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was full time in post and had been appointed six weeks prior to this inspection. They had the necessary experience and qualifications, as required in the regulations. They demonstrated good knowledge regarding their role and responsibility.

Judgment: Compliant

Regulation 15: Staffing

From a review of the rosters, discussions with staff, residents and visitors and from the observations of the inspector, the inspector found that there was not an appropriate number and skill mix of staff to meet the assessed needs of residents living in the centre. The effects of this deficit in staffing resulted in:?

- breakfast being observed to be left on trays beside residents, where residents required assistance.?
- personal care delivery being delayed, as some residents had to wait to get assistance.
- lack of social stimulation and the provision of activities at the weekends. From review of residents feedback and from discussions with residents it was evident that residents had requested this be reviewed.

Judgment: Not compliant

Regulation 16: Training and staff development

The following training required to be actioned as per the centres own training requirements;

- ten staff (7.6%) were due training in safeguarding vulnerable adults from abuse.
- twenty staff (15%) were due training in the management of responsive behaviours.
- one registered general nurse was due cardiopulmonary resuscitation (CPR) training.

Judgment: Substantially compliant

Regulation 21: Records

Residents' records were reviewed by the inspector who found that they complied with Schedule 3 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. The records listed in Schedule 4 to be kept in a designated centre were all maintained and made available to the inspector.

Judgment: Compliant

Regulation 22: Insurance

The provider had an up-to-date contract of insurance against injury to residents and protection of residents property, as required by the regulations.

Judgment: Compliant

Regulation 23: Governance and management

The staffing resources, were not sufficient when considering the size and layout of the centre and the assessed needs of residents. The inspector also saw that on some days when healthcare assistants were on unplanned leave, they were not replaced. This resulted in delays in care delivery and assistance with meal provision.

The management systems in place to monitor the quality of the service required action, to ensure the service provided to residents was safe, appropriate, consistent and effectively monitored. This particularly related to the assessed dependency levels of residents, which were found not to be an accurate reflection of the profile of residents living in the centre. For example; a number of residents were documented as requiring minimal support (low dependency), however, this was inaccurate. Therefore, this information could not be used effectively to ensure that the number and skill mix of staff is appropriate having regards to the needs of the residents. The management team reviewed all residents dependency levels during the inspection.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The registered provider had prepared in writing a statement of purpose relating to the designated centre and this contained all information, as set out in Schedule 1.

Judgment: Compliant

Regulation 31: Notification of incidents

A record of incidents occurring in the centre was maintained. All incidents and allegations had been reported in writing to the Chief Inspector as required under the regulations, within the required time period.

Judgment: Compliant

Regulation 4: Written policies and procedures

Policies and procedures as set out in Schedule 5 were in place and available to all staff in the centre. These were reviewed at intervals not exceeding three years, as per regulatory requirements.

Judgment: Compliant

Quality and safety

Overall, residents were in receipt of a good standard of care in Our Lady of Fatima Home, by staff that were responsive to their needs. Residents' health and spiritual needs were well catered for in the centre. Residents stated that they felt safe and well-supported. Some improvements were required in areas such food and nutrition and residents rights, which will be further detailed under the relevant regulations

Residents care plans and daily nursing notes were recorded on an electronic system. A review of a sample of resident's assessments and care plans found that resident's needs were assessed prior to admission to the centre, to ensure that their care needs could be met. Following admission, a nursing assessment was completed to identify residents individual support needs, their daily routine, and potential risks to residents such as the risk of falls and impaired skin integrity. The outcome of the assessments was used to inform the development of care plans to guide staff on the appropriate care of the residents.

There were a number of local general practitioners (GP) providing medical services to the centre and out-of-hours medical cover was available. A review of residents' records found that there was regular communication with residents' GP, regarding their healthcare needs, and residents had access to their GP, as requested or required. Arrangements were in place for residents to access the expertise of allied health and social care professionals for further assessment. Residents' hydration and nutrition needs were assessed and regularly monitored. Recommendations of healthcare and dietetic staff, with regards to nutritional care, were implemented into care plans. There was a low incidence of pressure ulcer development in the centre and evidence of good oversight of residents skin integrity, wound care and monitoring of residents weights.

Overall, the residents were happy with the quality and choice of food available to them and meal choices had recently been reviewed and enhanced in the centre. The inspector observed residents dining experience and found that the food served appeared to be wholesome, nutritious and appropriate to residents' dietary needs. Systems were in place to ensure that residents received correct meals as recommended by speech and language therapists and dietitians. Information on residents' requirements regarding special diets and correct food consistencies were communicated to the catering staff. However, the availability of staff to assist residents at mealtimes and the availability of dining space for all residents living in the centre, required to be addressed, which is actioned under regulation 18.

Residents had access to pharmacy services and the pharmacist was facilitated to fulfil their obligations under the relevant legislation and guidance issued by the Pharmaceutical Society of Ireland. Medication administration charts and controlled drugs records were maintained, in line with professional guidelines. Improved oversight was required in ensuring that medications in the centre were stored securely, which is further detailed under regulation 29.

The governance and management of fire safety in Our Lady of Fatima Home was robust and effective systems underpinned a high standard of maintenance of fire safety systems. The centre was provided with emergency lighting, fire fighting equipment and fire detection and alarm system. Fire records were well maintained and evidenced that equipment was being serviced at appropriate intervals. Residents' support needs were clearly documented in their personal emergency evacuations plans, which were updated regularly. Regular fire drills were taking place in the centre.

Risk management systems were underpinned by the centre's risk management policy which detailed the systems to monitor and respond to risks, that may impact on the safety and welfare of residents. A risk register had been recently reviewed and established to include potential risks to residents' safety.

There was an ongoing initiative to reduce the use of restrictive practices in the centre, through ongoing assessment of resident's needs. This had contributed to moving towards a restraint free environment. Staff demonstrated an appropriate awareness of national guidelines, with regards to promoting a restraint free environment. Care plans were in place to support residents.

The centre was observed to be very clean on the day of the inspection. Hand sanitizers were placed at appropriate locations to promote hand hygiene. The inspector reviewed cleaning records and found that staff maintained adequate records of routine cleaning and there was also a schedule of deep cleaning. Staff were observed to adhere to good practice in relation to hand hygiene. A review had been undertaken of the hand hygiene facilities in the centre, to ensure that clinical hand wash basins comply with relevant guidance. Although some had been upgraded there was some further upgrades required.

Residents were consulted about their care needs and the overall quality of the service, through resident forum meetings. However, from a review of records it was

evident that they did not take place three monthly as per the centres statement of purpose. This is further detailed under regulation 9. It was evident that residents' rights were promoted in the centre and human rights were respected. Advocacy services were available and utilised. Residents were encouraged to maintain their links with the community and go out with family.

Regulation 11: Visits

The registered provider had arrangements in place for residents to receive visitors and these were not restrictive. Visitors and residents who spoke with the inspector were satisfied with the arrangements in place.

Judgment: Compliant

Regulation 12: Personal possessions

There was adequate storage space for residents in their bedrooms to ensure residents could store their clothes and personal possessions. Residents clothes were laundered on site and they reported they were satisfied with this service.

Judgment: Compliant

Regulation 17: Premises

The following areas required action to conform with Schedule 6:

- flooring in two areas of the centre required repair or replacement as flooring was torn and had been covered with tape.
- the door to the garden was not working appropriately and was difficult to open for residents independently.
- there was limited garden furniture available in the one secure garden area, which may limit this areas use for residents.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Action was required to ensure that residents meals are properly served, evidenced

by the following:

- the inspector observed that breakfasts were served too early on day two of this inspection. Residents were observed to be asleep, and this was to suit staffing levels and was not centred on residents choice.
- observations of the inspector over the two days, were that residents meals were sometimes left beside residents beds, however, staff were not available at the time to assist them. Therefore, meals were sometimes cold when staff were ready to assist residents with them.

Judgment: Substantially compliant

Regulation 20: Information for residents

The residents' guide was available to residents and visitors and detailed the required information as specified in the regulations.

Judgment: Compliant

Regulation 26: Risk management

There was a risk management policy in place to inform the management of risks in the centre. This contained reference to the five specified risks as outlined under regulation 26. There was a major incident emergency plan in place, in the event of serious disruption to essential services.

Judgment: Compliant

Regulation 27: Infection control

Some hand wash sinks in the centre did not comply with the recommended specifications for clinical hand wash sinks. The inspector acknowledges that the provider was in the process of addressing this finding and some sinks had been upgraded since the previous inspection.

Judgment: Substantially compliant

Regulation 28: Fire precautions

There was good oversight of fire precautions within the centre. Improvements were noted in fire evacuation drills of compartments, since the previous inspection, specifically with minimum staffing levels. Emergency exits were free of obstruction and clear and directional signage was available at various locations throughout the building. Certificates for the quarterly and annual service of fire safety equipment were available. Daily and weekly checks were recorded, such as the sounding of the fire alarm on a weekly basis.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The inspector was not assured that all medicines in the centre were stored securely. This particularly related to the storage of medications such as insulin pens in refrigerators, which was observed to be unlocked in the nurses station, on the corridor. Therefore, these could be accessed by residents or visitors, which posed a risk and this did not comply with regulatory requirements.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Care plans viewed by the inspector were completed to a very high standard, were personalised and sufficiently detailed to direct care. Assessments were completed using a range of validated tools. Care plans were updated four monthly or as the assessed needs of residents changed, as required by the regulations. It was evident that residents and/or their families had input into residents care plans.

Judgment: Compliant

Regulation 6: Health care

Residents living in the centre were provided with a good standard of evidence based health care and support. Residents had good access to a general practitioner from local practices and a physiotherapist was on site to assist residents with maintaining their mobility, two days a week. Residents also had good access to other allied health professionals such as speech and language therapists and a dietitian and specialist medical services such as community palliative care as required. The provider had arranged for an occupational therapist to attend the centre on day two

of this inspection to carry out seating assessments for residents.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

There was evidence that residents who presented with responsive behaviours were responded to in a very dignified and person-centred way. Care plans were seen to outline de-escalation techniques, and ways to effectively respond to behaviours. There was evidence of appropriate risk assessments and care plans in place for all uses of restraint in the centre. These included multidisciplinary and general practitioner (GP) input, evidence of regular reviews in consultation with the residents, and measures to control the risks of restraint use, including documented monitoring and scheduled release of the restraints as required. Training for staff was due in this area, which is actioned under regulation 7.

Judgment: Compliant

Regulation 9: Residents' rights

The following was required to be addressed to ensure residents' rights were promoted and upheld:

- the frequency of residents meeting required review to ensure that residents were consulted in regard to the running of the centre. Records of residents meeting showed that meetings took place every six months in the centre. This was contrary to information in the centres statement of purpose, which stated residents would be consulted with every three months.
- a review of residents feedback indicated that residents had requested activities at the weekends and this had been highlighted to management. The inspector was informed that this resource was not available.
- the inspector found that some residents did not have access to a dining room for meals and were served all their meals in their bedroom. This did not afford these residents an appropriate dining experience or a chance for movement to another room for their meals. It also did not facilitate residents choice.

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	
Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially 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	Substantially compliant

Compliance Plan for Our Lady of Fatima Home OSV-0000264

Inspection ID: MON-0037115

Date of inspection: 21/09/2023

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
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: Staffing levels increased. Recruitment process commenced to increase staffing. These roles are expected to be filled by January 1st 2024. Dining experience has been audited and reviewed. Action plan in place to ensure that all residents have the opportunity to attend a dining area of their choice. Training of all staff to improve skill mix in place. All new staff members will have comprehensive induction. 7-day activity program has been implemented. Recruitment for another activities assistant is ongoing. This will allow for consistent provision of service.</p>	
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Training Schedule has been established and implemented to ensure all staff have attended mandatory in person training. This schedule ensures that training is scheduled in advance to ensure all staffs’ training is in date. New staff members will be required to have mandatory staff training complete prior to their start date. Administration department will monitor this. It will be discussed at the monthly department meetings. All mandatory training is expected to be complete for all staff by 01.01.2024.</p>	

Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Staffing levels reviewed and increase to all staffing. Assessment for dependency levels has been updated on the nursing home's electronic system to allow for a more accurate assessment. This will continue to be assessed and monitored to ensure that staffing levels are safe and appropriate. Recruitment ongoing to ensure that there is sufficient staffing to allow for replacement for any unplanned leave.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>Contractors contacted about replacement for flooring in 2 x areas. This is expected to be complete by 01.12.2023. Door has been ordered to allow free access to outdoor area for all residents. This is expected to be fitted by 01.12.2023. Landscaper has been contacted to look at options to upgrade the enclosed outdoor area. This will include the provision of more garden furniture and suitable seating for residents and visitors. This is expected to be completed by 01.03.2024. Operations Manager is overseeing same.</p>	
Regulation 18: Food and nutrition	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 18: Food and nutrition:</p> <p>Residents' dining experience for all mealtimes were reviewed and audited. All residents have the opportunity to attend the dining room for all mealtimes. Increased staffing in place. There are allocated staff available to assist at mealtimes. Timing of all mealtimes reviewed to ensure same is appropriate and prevent meals being served when residents are not ready for same. Training in place to ensure all staff. Induction process in place for all new staff to ensure a consistent, safe approach.</p>	
Regulation 27: Infection control	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
Clinical sinks have been ordered to ensure all staff have access to same. These will be available on each unit. These will be fitted by 01.12.2023.

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:
Appropriate storage for all medicines in place. Nurses' Stations are only accessible to nurses. The keys to this will be on the nurse's person during their shift. Regular auditing in place and action plans in place when required.

Regulation 9: Residents' rights	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights:
Template in place for all Residents' Meetings to ensure that all topics are covered and residents have the opportunity to discuss any issues with each department. Meeting schedule in place to ensure regular meetings take place for all departments including with residents. This has been implemented. 7-day activity program in place. This will be reviewed on a monthly basis to allow for further improvements as per residents' requests and input. All residents have access to dining room for all mealtimes. This is being reviewed on a weekly basis to ensure a positive dining experience is provided to all residents. Appropriate training in place for all staff. Staffing levels reviewed to support this.

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	01/01/2024
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	01/01/2024
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	01/03/2024
Regulation	The person in	Substantially	Yellow	14/12/2023

18(1)(c)(i)	charge shall ensure that each resident is provided with adequate quantities of food and drink which are properly and safely prepared, cooked and served.	Compliant		
Regulation 18(2)	The person in charge shall provide meals, refreshments and snacks at all reasonable times.	Substantially Compliant	Yellow	15/11/2023
Regulation 18(3)	A person in charge shall ensure that an adequate number of staff are available to assist residents at meals and when other refreshments are served.	Substantially Compliant	Yellow	14/12/2023
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.	Substantially Compliant	Yellow	31/12/2023
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	Substantially Compliant	Yellow	01/12/2023

	monitored.			
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	14/01/2024
Regulation 29(4)	The person in charge shall ensure that all medicinal products dispensed or supplied to a resident are stored securely at the centre.	Substantially Compliant	Yellow	14/01/2024
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Substantially Compliant	Yellow	31/12/2023
Regulation 9(3)(d)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may be consulted about and participate in the organisation of the designated centre concerned.	Substantially Compliant	Yellow	01/12/2023

