Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	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:	Unannounced
Date of inspection:	09 June 2026
Centre ID:	OSV-0000264
Fieldwork ID:	MON-0049512

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 68 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 10 suites, 50 single bedrooms and in four twin bedrooms all of 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:	67

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 9 June 2026	09:35hrs to 18:05hrs	Louise O'Hare	Lead

What residents told us and what inspectors observed

This was an unannounced inspection, conducted to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). Findings of this inspection were that residents living in Our Lady of Fatima Home received a good standard of care and were supported to have a good quality of life. The inspector greeted several residents and spoke to 13 in more detail. Residents were consistently positive in how they described their experience of living in the centre. One told the inspector that "I love living here and I tell them all", one resident said it "couldn't be better" and another that they "couldn't ask for more".

Our Lady of Fatima Home is a designated centre located on the outskirts of Tralee town. The centre is registered to accommodate 68 residents, and on the day of inspection had one vacancy. The premises consists of a large single storey building which is divided into six units for operational purposes: St Martin's, St Dominic's, St Vincent's, St Albert's, St Catherine's and St Rose of Lima. On entering the centre, the reception area was seen to be warm and welcoming, with comfortable seating. There was a large photoboard display of residents enjoying various activities. Another photo display showed the different types of uniforms worn in the centre to help residents identify staff. Other information for residents, staff and visitors was also displayed in the reception area, such as the centre's complaints procedure and information on fire procedures including the fire marshal on duty that day.

On arrival, the inspector was greeted by the person in charge and took part in an initial walk around of the centre to meet residents and observe their morning routine. Many residents were preparing to go to mass which took place in the large on-site chapel every morning and some told the inspector how much they valued this. Other communal areas available to residents included a sunroom, two day rooms, two dining rooms and an activities room. There was a smoking area close to the reception area which was well ventilated and fitted out with a call bell, fire aprons and fire extinguisher. Handrails were fitted on corridors and in bathrooms to support residents when mobilising. Overall, the centre was well-decorated and visibly clean throughout; however, the flooring in some areas was seen to be damaged. For example, the carpet tiles near to the reception area were worn and stained, despite having recently been deep cleaned. This detracted from the homely atmosphere of the centre, as detailed under Regulation 17: Premises.

Externally the centre's grounds were seen to be clean, tidy and well-maintained. The internal courtyard garden was accessible to residents throughout the day of inspection and was well laid out with paved pathways, garden furniture and planters. At the centre a fountain had been attractively planted with a colourful display of flowers.

Resident accommodation was comprised of 50 single rooms and four twin bedrooms, all with en-suite facilities. In addition, there were 10 suites, each consisting of a bedroom, sitting room and bathroom. Many rooms had been beautifully personalised and residents were encouraged to bring in items from home, including furniture such as beds, armchairs and bookcases. Bedrooms had lockable storage, comfortable seating, televisions and call bell access. One resident told the inspector that their call bell was not working, and this was confirmed on testing. This was immediately actioned by the person in charge.

On the day of inspection there were two activities staff on duty, and a varied activities programme took place. In the morning, there was mass in the chapel followed by refreshments and several residents took part in games such as boccia bowling, while a smaller group played games with the magic table (a device which projects interactive light games on to a table). Daily activities schedules were displayed on notice boards throughout the centre. Some residents preferred to relax in their bedrooms during the day watching television, reading, listening to the radio or chatting with visitors and this was respected.

Residents and visitors spoke positively about staff working in the centre. Interactions between staff and residents were seen to be friendly, kind and respectful. Visitors were observed coming and going throughout the day, visiting with residents in the communal areas or their own rooms. The inspector spoke with four visitors who all spoke positively about their experiences and of the care delivered in the centre.

The inspector observed the dining experience at the midday and evening meal. Residents could take their meals in the main dining room, a quiet room, St Dominic's dining room, or in their own rooms if they chose to do so. The additional choice of a quiet space provided a peaceful atmosphere for residents who were overwhelmed by the larger dining room while still offering them a social experience. All residents who spoke with the inspector gave very positive feedback about the quality and choice of food available in the centre. One resident told the inspector that there was "great variety", and another said that "the food is excellent". Residents were offered choice and menus were displayed on each table. A variety of textured meals were observed and seen to appear appetising and well presented. There were sufficient staff present to assist residents as required.

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

Capacity and capability

This inspection was carried out over one day by an inspector of social services to monitor compliance and to follow up on the compliance plan from the previous

inspection in November 2025. Findings of this inspection were that the compliance plan had been actioned in regards to contracts, medication storage, care plans, complaints and infection control. Following this inspection, further actions were required with regards to training, fire precautions, premises and governance.

Dominican Sisters Tralee Company Limited by Guarantee is the registered provider for Our Lady of Fatima Home which is registered to accommodate 68 residents. The centre was overseen by a board of management. The person in charge was responsible for the day-to-day operation of the centre, and they reported to the board. The board met monthly and minutes of these meetings were made available for inspection. The person in charge had been in post since 2023 and was supported by an assistant director of nursing (ADON), clinical nurse manager (CNM) and a team of nursing, healthcare, administrative, housekeeping, catering and activities staff. On the day of inspection, the ADON was on leave and the inspector was told that the CNM did not have allocated supernumerary time with a number of weeks due to covering staff shortages. The inspector saw that two new staff nurses had been recruited and start dates had been agreed. Additionally, a healthcare assistant was being inducted on the day of inspection. As identified on the previous inspection, the operation manager's role was vacant and it was unclear who held responsibility for covering their duties. The inspector was told during this inspection that this post would be filled; however, this process had not started. This was a repeat finding as detailed under Regulation 23: Governance and management.

The annual review of the quality and safety of care delivered to residents for 2025 had been completed and included quality improvement plans related to premises, training and infection control. Management systems in place to ensure the service was effective, safe and consistent included a schedule of audits and monitoring and trending of clinical key performance indicators. The schedule of audits in place included falls management, antimicrobial stewardship, infection prevention and control, wound care and care plans. Outcomes of audits and actions taken were clearly documented. Where the centre had experienced an outbreak, a detailed review had been conducted which identified recommended actions and learning including enhanced surveillance and education. However, oversight of issues around fire precautions was not fully effective as detailed in Regulation 23.

Regular staff meetings took place and discussed issues relevant to the quality and safety of care and support provided to residents. Staff had access to a range of appropriate training including people moving and handling, infection prevention and control and fire safety. Training was conducted primarily through in-person formats. An induction programme was in place for new staff, and the inspector saw that new staff were completing supernumerary shifts alongside existing staff members as part of this on the day of inspection. However, from a review of the centre's training matrix not all staff were current with mandatory training, as detailed in Regulation 16: Training and staff development.

The inspector reviewed all complaints records since the previous inspection and saw that they were clearly documented and managed in line with the centre's own procedure.

Regulation 15: Staffing

From speaking with residents and reviewing the rosters, there was a sufficient number and skill mix of staff rostered to meet the assessed needs of residents. There was a minimum of two registered nurses rostered on duty at all times.

Judgment: Compliant

Regulation 16: Training and staff development

While staff had access to a range of appropriate training, approximately 16% of staff required training on safeguarding and 10% required training on responsive behaviour. The inspector received confirmation following the inspection that training had been scheduled for the following month.

Judgment: Substantially compliant

Regulation 19: Directory of residents

A directory of residents was established and maintained in the centre, and was made available for inspection. It contained the information specified in Schedule 3 of the regulations, including the resident's admission date and details and date of transfer to another designated centre or hospital.

Judgment: Compliant

Regulation 22: Insurance

There was a contract of insurance in place against injury to residents. This document was submitted as requested following the inspection.

Judgment: Compliant

Regulation 23: Governance and management

Management systems to ensure the service provided is safe, appropriate, consistent and effectively monitored were not sufficiently robust, as evidenced by the lack of oversight of fire precautions as outlined under Regulation 28.

The management structure in place was not clearly defined as a senior management role that was detailed on the organisational structure in the Statement of Purpose submitted to the Chief Inspector in February 2025 remained unfilled. This was a repeat finding from the previous inspection leaving a significant gap in the day to day oversight of the premises.

Judgment: Not compliant

Regulation 34: Complaints procedure

A copy of the complaint's procedure was displayed in the designated centre. Complaints were seen to be well-managed in line with the centre's procedure. When a written response was required it included information such as whether the complaint was upheld, the reasons for that decision and improvements recommended.

Judgment: Compliant

Quality and safety

Overall, this inspection found that residents living in the centre were supported to uphold their rights, and that they received a good standard of person-centred care.

Residents' health and social care needs were assessed using a range of evidence-based assessment tools. Information from these was used to develop care plans. Care plans were maintained on an electronic system; they were seen to be person-centred and sufficiently detailed to direct care. For example, positive behaviour support plans incorporated person-centred triggers and individualised strategies to support those with responsive behaviour. Care plans were reviewed at intervals not exceeding four months, or where necessary. Where risk was identified, referrals were sent to relevant health and social care professionals such as dietitians or tissue viability specialists in a timely manner, and their recommendations were clearly incorporated into care plans.

There was an on-site laundry that managed resident's personal laundry. It was well laid out to allow clear separation of clean and dirty linens, and was seen to be clean and well-organised. Laundry was completed on site six days a week and returned to residents. Laundry was discussed regularly at residents' meetings so any issues

could be identified. The inspector saw from documentation and from speaking with residents that they were satisfied with the service. Residents were supported and encouraged to bring in their own items from home. Audits were conducted of residents' property and finances to ensure compliance with the centre's policy.

The provider had ensured that arrangements were in place for the testing and maintenance of the fire alarm system, emergency lighting and fire fighting equipment. Service records for these were up-to-date. On the day of inspection, one potential issue with an emergency light was identified and an external agency attended on site to check this during the inspection. A programme of fire safety checks was in place. Oxygen storage was located outside the centre and clearly signposted. However, action was required in relation to evacuation and fire drills, as detailed under Regulation 28: Fire precautions.

Activities staff were rostered to work seven days a week in the centre. The centre had a large chapel and mass was held there seven days a week. Residents had access to radio, television and other media. Residents' meetings took place approximately every two months and discussed topics including laundry, food and days out. A recent outing had taken place to the wetlands, which had received very positive feedback, and other outings were planned. The topic of advocacy was also discussed and there was a plan in place for an advocacy service to give a talk to residents at the end of the summer.

Regulation 12: Personal possessions

The person in charge had ensured that residents had access to and retained control over their personal property, possessions and finances. Laundry was done on site six days a week and arrangements were in place to ensure resident's clothing was returned to them following laundering. Residents had access to adequate storage space, including lockable storage.

Judgment: Compliant

Regulation 17: Premises

While the premises were appropriate for the number and needs of the residents in the centre, it did not fully meet the requirements of Schedule 6, as evidenced by:

- Wear and tear was visible on paintwork and some surfaces such as handrails and the desk at the nurse's station, so the inspector could not be assured that these areas could be cleaned effectively. The inspector saw that there was a plan in place for a painter to attend the centre in the coming weeks.
- Flooring was stained and discoloured in St. Dominic's corridor following a water leak. In addition, carpet tiles in some areas appeared worn and

stained, and flooring in the smoking area was damaged. This detracted from the homely atmosphere of the centre.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents were very positive when speaking of the quality of food and refreshments available in the centre. Residents were offered choice at mealtimes and provided with adequate quantities of food and drink at reasonable times during the day. There was adequate staff available to offer discreet respectful assistance to residents at meals. Residents were monitored for risk of malnutrition and care plans were in place to support residents with their nutritional requirements.

Judgment: Compliant

Regulation 28: Fire precautions

Notwithstanding some good practices in the centre, action was required to ensure that there were adequate measures in place to safely evacuate residents, as evidenced by:

- Evacuation plans displayed in rooms were mislabelled with the incorrect room numbers and evacuation plans displayed in corridors were extremely small and difficult to read. This could lead to confusion during an evacuation procedure.
- On a sample of four beds with ski sheets checked, none were fitted correctly to the mattress. This posed a potential risk to residents during an evacuation procedure.
- Fire drills were held regularly in the centre, but available records did not include full evacuation drills of compartments therefore there was no assurance that a residents could be evacuated in a timely manner.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

A sample of four care plans were reviewed and seen to be person-centred and sufficiently detailed to direct care. The person in charge had ensured that care plans were reviewed at intervals not exceeding four months or sooner when required. A

range of evidence-based assessment tools were used to evaluate risk including malnutrition, falls and skin integrity. There was evidence of consultation with the resident, and where appropriate family members.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider had provided facilities for occupation and recreation and opportunities to participate in activities in line with their interests and capacities. Residents were supported to exercise choice about how they spent their day. Access to independent advocacy services was facilitated. Residents were supported to participate in the organisation of the centre through regular residents' meetings and completing residents' questionnaires.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Our Lady of Fatima Home OSV-0000264

Inspection ID: MON-0049512

Date of inspection: 09/06/2026

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: Mandatory safeguarding and responsive behaviour training has been scheduled for all staff who were outstanding at the time of the inspection. Staff attendance will be monitored to ensure compliance with mandatory training requirements. Where staff are unable to attend scheduled sessions due to leave or other exceptional circumstances, they will be booked onto the next available training without delay. The Person in Charge will maintain an up-to-date training matrix, review training compliance monthly, and ensure refresher training is scheduled in advance of expiry dates. Training compliance will also form part of regular governance and management meetings to provide ongoing oversight and ensure sustained compliance with Regulation 16.	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Recruitment to the Operations Manager position has been prioritised and is currently underway. The appointment of the Operations Manager will strengthen the governance and management arrangements within the designated centre by providing enhanced operational oversight and support to the Person in Charge.	

Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: A programme of maintenance has been scheduled to address the identified areas of wear and tear. Painting of affected areas has been arranged, and damaged or stained flooring, including the flooring in St. Dominic's corridor and the smoking area, will be repaired or replaced as part of the centre's planned maintenance programme to ensure the premises are maintained in good condition and promote a clean, homely environment.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: All evacuation signage within the designated centre will be reviewed and replaced where necessary to ensure room numbers are accurate and evacuation plans are clearly legible. Ski sheets have been checked and correctly fitted to all applicable beds, and staff have been reminded of the requirement to ensure evacuation equipment remains appropriately installed. The fire drill programme has been revised to include regular compartment evacuation drills that simulate the evacuation of residents under varying conditions. Records of fire drills will clearly demonstrate evacuation times, outcomes, and any learning identified to ensure the effectiveness of the centre's fire evacuation procedures.	

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	31/08/2026
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	31/10/2026
Regulation 23(1)(b)	The registered provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.	Not Compliant	Orange	30/09/2026

Regulation 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	30/09/2026
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	30/09/2026
Regulation 28(3)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place in the designated centre.	Substantially Compliant	Yellow	31/08/2026