

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Our Lady of Fatima Home
<b>Centre ID:</b>	ORG-0000264
<b>Centre address:</b>	Oakpark, Tralee, Kerry.
<b>Telephone number:</b>	066 712 5900
<b>Email address:</b>	info@fatimahome.com
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Dominican Sisters
<b>Provider Nominee:</b>	Sr. Teresa McEvoy
<b>Person in charge:</b>	Mary Curtin
<b>Lead inspector:</b>	Col Conway
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	66
<b>Number of vacancies on the date of inspection:</b>	0

## About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

**Compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.**

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

**The inspection took place over the following dates and times**

From:	To:
25 November 2013 10:00	25 November 2013 17:30
26 November 2013 08:00	26 November 2013 17:30

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

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

**Summary of findings from this inspection**

Our Lady of Fatima was registered on 27 April 2011 following an application to the Authority for registration as a designated centre for dependent persons. A registration inspection was undertaken on 27 July 2010, a follow up inspection on 11 November 2011, a monitoring inspection on 12 September 2012, and a follow up inspection on 26 June 2013.

On the previous inspection in June 2013 there was one action and it was that the written risk management policy did not include all of the required information.

The inspection reports from all of the above mentioned inspections can be viewed on the Authority's website, [www.hiqa.ie](http://www.hiqa.ie), using centre identification number 0264.

During this inspection, the inspector met with some of the residents, relatives and staff members and reviewed the premise, observed practices and reviewed documentation such as residents' nursing care plans, residents' medical records, accident and incident logs, policies and procedures and some records maintained on staff files.

There was evidence that residents received overall a good standard of care whereby they had choice in what they did during the day, the premises was well maintained and residents had opportunities to partake in a variety of stimulating and meaningful activities. The Action Plan at the end of this report identify areas where improvements are needed to fully meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

**Section 41(1)(c) of the Health Act 2007 Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.**

**Outcome 01: Statement of Purpose**

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

**Theme:**

Leadership, Governance and Management

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

A written statement of purpose had been submitted to the Authority as part of the application to renew the registration as a designated centre for dependent persons. The document was readily available in the centre, it accurately described the service and the care that is provided and it contained all of the information that is required as per Schedule 1 of the Regulations.

**Outcome 02: Contract for the Provision of Services**

*Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.*

**Theme:**

Leadership, Governance and Management

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

The inspector reviewed a sample of the written contracts of care and the documents included detail of the overall services that were to be provided, the weekly fees that were to be charged, and it was also clearly stated that there were additional charges for certain services such as hairdressing and chiropody. There was substantial compliance with ensuring contracts were agreed within one month of a resident's admission to the centre.

**Outcome 03: Suitable Person in Charge**

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

**Theme:**

Leadership, Governance and Management

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

The person in charge holds a full-time post in the centre, she is a registered nurse, holds current registration with the nursing professional body and she has the required experience. Based on information supplied to the Authority as part of the application, there was evidence that the person in charge has a commitment to her own ongoing continued professional development as she had attended relevant education, training sessions as well as practice updates. During this inspection, as with previous inspections, she demonstrated she had a good understanding of her responsibilities in regard to the Regulations and the Authority's Standards.

**Outcome 04: Records and documentation to be kept at a designated centre**

*The records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).*

**Theme:**

Leadership, Governance and Management

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

There were copies of the Residents' Guide available in the centre and they included all of the required information as did a Directory of Residents. There was substantial compliance in regard to maintaining residents' records (Schedule 3), general records

(Schedule 4), staff records and medical records. All of the required policies and procedures as per Schedule 5 of the Regulations were available and there was documented evidence of appropriate insurance cover being in place.

**Outcome 05: Absence of the person in charge**

*The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.*

**Theme:**

Leadership, Governance and Management

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

The inspector was informed that the person in charge had not been absent for a length of time that required notification to the Chief Inspector. The person in charge was supported in her role by a full-time clinical nurse manager (CNM) and she was identified as a key senior manager. The inspector formed the view, based on information supplied to the Authority and observations in the centre, that the CNM was a suitably experienced and knowledgeable nurse that could provide the service in the absence of the person in charge. Training records indicated she had attended relevant training and nursing practice updates.

**Outcome 06: Safeguarding and Safety**

*Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse.*

**Theme:**

Safe Care and Support

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

There was a written policy on residents' personal property and possessions and the inspector reviewed a sample of the records kept of handling residents' monies and valuables. Appropriate procedures and documentation were in place to manage same in

a transparent manner. In a sample of residents' nursing records that were reviewed by the inspector it was noted that there were inventory lists maintained of each persons personal items.

There was a written policy for the prevention, detection and response to abuse and records indicated that all staff at some stage in 2013 had been provided with training in the signs and symptoms of abuse and their responsibilities with regard to reporting an allegation of abuse. Provision of elder abuse awareness training was confirmed by staff.

## **Outcome 07: Health and Safety and Risk Management**

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

### **Theme:**

Safe Care and Support

### **Judgement:**

Non Compliant - Moderate

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

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

### **Findings:**

Since the previous inspection in June 2013 the written risk management policy had been updated to include the arrangements for the identification, recording, investigation and learning from serious or untoward incidents or adverse events involving residents.

The inspector noted that some of windows did not have opening restrictors and this posed a potential risk of injury to some residents. This was brought to the attention of the person in charge on the first day of inspection and on the second day of inspection a window contractor was on site reviewing possible options with the windows. The inspector was informed by the person in charge that all windows would have opening restrictors in place as soon as possible.

The inspector found evidence that risk management measures were implemented, such as:

- a health and safety statement was in place as was a health and safety policy and emergency plan
- records were maintained of monitoring environmental risks
- records were maintained of residents clinical risks
- appropriate infection control measures were implemented in regard to cleaning practices and waste management
- there was adequate supply of protective personal equipment for staff such as disposal aprons and gloves as well as anti-microbial hand gel dispensers
- written confirmation from a competent person that all the requirements of the statutory fire authority had been complied with had been forwarded to the Authority
- records confirmed that fire equipment, fire prevention and suppression system checks were up to date

- mandatory training in fire safety and moving and handling was up to date for all staff
- records indicated that equipment throughout the centre and services were checked and maintained regularly
- lighting was sufficient, hand and grab rails were in the required places and corridors and emergency exit routes were unobstructed.

While laundry staff that the inspector spoke with were knowledgeable about causes of cross contamination of laundry, the procedures for storing dirty laundry, the condition of some of the floor covering as well as the two ceramic sinks posed potential risks of cross infection to residents. The person in charge and provider agreed that the laundry would benefit from a review to ensure the environment and procedures are in line with best infection control standards.

### **Outcome 08: Medication Management**

*Each resident is protected by the designated centres policies and procedures for medication management.*

**Theme:**

Safe Care and Support

**Judgement:**

Non Compliant - Moderate

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

No actions were required from the previous inspection.

**Findings:**

There was a centre-specific written medication management policy and procedures for the ordering, prescribing, storing and administration of medicines and disposal of unused or out of date medicines. The inspector reviewed a sample of residents' individual medicine prescription charts and there was evidence that in the majority of cases prescriptions were reviewed at least three monthly by a medical practitioner. However, the medicine prescription chart did not have a section for stating the method of administration (the route) of the medicine.

Tablets for each resident were supplied by a pharmacist in individual pre-packed systems and the inspector observed that they were appropriately stored. However, a review of the medicine fridges is required in St Vincent's and St Martin's units in regard to the ability to lock the medicine fridges as well as the general state of repair.

Controlled/scheduled medicines were stored and checked as per professional nursing and midwifery best practice guidelines and there was documented evidence that the supplying pharmacy had undertaken an audit of same just prior to the inspection.

**Outcome 09: Notification of Incidents**

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

**Theme:**

Safe Care and Support

**Judgement:**

Non Compliant - Moderate

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

No actions were required from the previous inspection.

**Findings:**

The inspector reviewed comprehensive records that were maintained of any incidents and accidents occurring in the centre and the documentation in place clearly outlined any event and the management of same. The person in charge maintained records of the analysis of any incidents or accidents for trends and the findings were communicated with relevant staff.

While quarterly notifications had been forwarded to the Authority, it was noted that when a resident had any unexplained absence from the centre it had not been notified to the Authority within three working days. It was noted that within a couple of days of the inspection the person in charge had submitted the required notifications retrospectively.

**Outcome 10: Reviewing and improving the quality and safety of care**

*The quality of care and experience of the residents are monitored and developed on an ongoing basis.*

**Theme:**

Effective Care and Support

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

There was good evidence that the quality of care and experience of the residents was monitored and developed on an ongoing basis. The evaluation of care practices had been undertaken in a planned way as there was a schedule of audits for 2013. Comprehensive audit reports were available with findings and recommendations for any improvements were clearly identified. The inspector read reports from reviewing medication management, management of residents with a dysphagia (swallowing

difficulty), restraint procedures, provision of meaningful activities, wound care, urinary continence promotion, residents' written nursing care plans and management of residents with unplanned weight loss.

### **Outcome 11: Health and Social Care Needs**

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

**Theme:**

Effective Care and Support

**Judgement:**

Non Compliant - Moderate

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

No actions were required from the previous inspection.

**Findings:**

It was obvious to the inspector that nursing and care staff knew residents extremely well and both residents and relatives confirmed their confidence in staff. A relaxed and calm atmosphere in the centre was noted throughout the two days and residents that the inspector spoke with confirmed that this was usual.

The recreational and social interests of each resident was well known and written personalised recreation and social care plans were in place for each resident that took into consideration individual preferences and capacities. A full-time post holder coordinated a varied activities schedule which was expertly facilitated by herself and some of the other staff. There was robust evidence that residents were provided with a range of appropriate group and one-to-one activities many of which were dementia specific to meet the particular needs of residents. The inspector observed that provision of meaningful activities was central to daily life in the centre and both residents and relatives confirmed that there was always something available to do throughout the day and there was a lot of enjoyment from the activities programme.

Records indicated that residents had access to, and frequent assessment by general medical practitioners, and if required they also had access to specialist medical care as well as a full range of allied health services, such as physiotherapy and a dietician. There was evidence that nursing staff provided care in accordance with any specific recommendations made by medical and allied health professionals.

In the sample of residents' nursing records that were reviewed by the inspector there was evidence that nursing staff used recognised clinical risk assessment tools to identify

residents with potential risks, such as falling or weight loss. Daily nursing notes outlined the health, condition and treatments given for each resident and they were in accordance with relevant professional guidelines. There were written nursing care plans in place for individual residents and there was evidence that in the majority of cases they were reviewed at least every three months. There were assessments in place in regard to residents own personal activities of daily living such as personal hygiene, eating and drinking and sleeping. However, in some cases they were not consistently completed on a three-monthly basis or more frequently if a resident's condition changed.

### **Outcome 12: Safe and Suitable Premises**

*The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.*

**Theme:**

Effective Care and Support

**Judgement:**

Non Compliant - Moderate

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

No actions were required from the previous inspection.

**Findings:**

The centre was clean and tidy and residents and relatives confirmed that this was usual for the centre. The premises overall was maintained to a high standard with paintwork in a good condition and the fittings, fixtures, curtains and furniture were of good quality. Some of the carpet floor covering in the bedrooms in St Dominic's required replacing. While they had been cleaned they were visibly stained. The nominated provider and the person in charge informed the inspector that it was planned in the near future to have the floor covering replaced.

The necessary assistive equipment was available such as, hoists, wheelchairs, commodes, shower chairs and specialised seating and records indicated that equipment was well maintained and serviced frequently.

Bedroom accommodation consists of 46 single rooms, seven twin rooms and a six-bedded room. There was potential for residents privacy and dignity to be compromised in the one multi-occupancy bedroom. There were appropriate beds and mattresses to meet residents' needs and in shared bedrooms there was adequate screening curtaining. The design and layout of the single and twin bedrooms provided sufficient space for each resident. Some of the single rooms were called "suites" and they provided a high standard of accommodation with a combined kitchenette and sitting room adjacent to each of the en suite single rooms.

There were communal dining areas, seating and living spaces as well as places for residents to meet visitors that were separate to bedroom accommodation.

There were a sufficient number of toilet and washing facilities as well as sluice and cleaning facilities and they were tidy and uncluttered. However, the ceramic sinks in the sluice rooms require review to ensure best infection control standards.

There was an enclosed outdoor area for residents that was accessible from within the centre and it included seating and planted garden areas.

### **Outcome 13: Complaints procedures**

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

**Theme:**

Person-centred care and support

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

A written complaints policy was available in the centre and the written procedures for making a complaint were easily accessible for residents and/or their representatives and it was available in prominent places. Residents also had access to an independent complaints appeals process.

The inspector reviewed the complaints log and the records that were maintained detailed a complaint, the ongoing management and the respective complainants' level of satisfaction. There was also documented evidence that the person in charge analysed any complaints for trends.

### **Outcome 14: End of Life Care**

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

**Theme:**

Person-centred care and support

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

There was an up-to-date written policy and procedures in place for staff in regard to providing end-of-life care and training records indicated three nursing staff had completed a Further Education and Training Awards Council (FETAC) Level 5 Palliative Care Course. The person in charge confirmed that in early 2014 end-of-life care training would commence for a larger number of staff.

The inspector reviewed the records of a resident whom had received end-of-life care and there was robust evidence that the resident received comprehensive medical input, specialised community palliative care services and a high standard of nursing care.

There was an chapel attached to the centre with pastoral care available if requested and relatives had been facilitated to stay overnight if required.

**Outcome 15: Food and Nutrition**

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

**Theme:**

Person-centred care and support

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

The inspector observed that residents were provided with food and drink at times and in quantities adequate for their needs, they were offered choice and menus indicated there was variety. Residents' individual preferences and dietary requirements were communicated to the catering staff and residents had access to fresh drinking water, hot drinks and snacks, between main meal times.

Residents were provided with opportunities to give feedback on aspects of catering as the inspector read comments from 15 residents on surveys they had completed in regard to the quality of food, the choice on the menus, warmth of food and the variety of food.

Residents ate their meals while seated at dining tables in a communal dining area or were facilitated to eat in their own private accommodation if they wished.

There was evidence in residents' records that their body weights were taken regularly, a

well-recognised nutritional assessment tool was used frequently to monitor each resident's nutritional status and residents that required it were closely observed for their daily food and fluid intake. If required referrals were made to dietician services and there was documented evidence of communication of any special instructions.

**Outcome 16: Residents Rights, Dignity and Consultation**

*Residents are consulted with and participate in the organisation of the centre. Each residents privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence.*

**Theme:**

Person-centred care and support

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

Residents were consulted with and participated in the organisation of the centre as they were offered opportunities to attend the residents' committee meetings. The inspector read the minutes of the meetings and there was evidence of five meetings in 2013 and follow-up on any points raised by residents.

Advocacy services were available for residents and the trained advocates that were on site on day one of inspection confirmed that approximately two hours a week of advocacy services were currently provided to residents in the centre. The advocates informed the inspector that the management had a very open ethos to provision of independent advocacy and respecting residents' rights.

The inspectors observed residents' privacy and dignity being respected by staff as well as staff promoting residents' independence as they encouraged residents to do as much for themselves as possible and residents were offered choice in what they wanted to do.

There was strong evidence that family and friend contacts were maintained as visitors were welcomed at various times of the day and there were areas for residents to meet their visitors that were separate to bedroom accommodation. Home visits and outings were also facilitated as requested.

Newspapers, televisions and radios were available for residents and there was evidence that religious needs were facilitated with residents having access to a chapel attached to the centre.

**Outcome 17: Residents clothing and personal property and possessions**

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

**Theme:**

Person-centred care and support

**Judgement:**

Non Compliant - Moderate

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

No actions were required from the previous inspection.

**Findings:**

Each resident had furniture in their bedrooms to store clothing and personal items in their own bedside cabinets and wardrobes. It was noted that bedrooms were personalised and residents were facilitated to have their own items, such as furniture and pictures.

Laundry facilities are on-site and there were arrangements in place for the regular laundering of linen and clothing and procedures were in place for the return of residents' personal clothing items. The laundry staff that the inspector spoke with as well as the person in charge and the provider agreed that the system in place for labelling clothes would benefit from a review. Residents and their relatives informed inspectors that clothing was well looked after.

Some improvements in regard to the facilities and some of the procedures are required, as already addressed in Outcome 7.

**Outcome 18: Suitable Staffing**

*There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.*

**Theme:**

Workforce

**Judgement:**

Non Compliant - Moderate

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

No actions were required from the previous inspection.

**Findings:**

Both the person in charge and the clinical nurse manager work full time in the centre Monday to Friday. Staff, residents and relatives confirmed they were both readily available and seen constantly throughout the day around the centre.

Duty rosters were maintained for all staff, they were available for review and during the two days of inspection the inspector observed that the number and skill mix of staff working was appropriate to meet the needs of the current residents. However, the allocation of nursing staff to undertake medicine rounds requires review in order to ensure appropriate supervision of residents and care staff, especially in St Martin's unit.

Staff had been provided with mandatory training, as already outlined in Outcome 7, and continued opportunities had been provided for staff to attend relevant training, practice updates and information sessions. This was confirmed in training records that were maintained as well as by staff.

An up-to-date and centre-specific recruitment policy was in place and there were no documents outstanding that were to be maintained for staff, as per Schedule 2 of the Regulations.

**Closing the Visit**

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

**Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, and staff during the inspection.

***Report Compiled by:***

Col Conway  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Action Plan

### Provider's response to inspection report<sup>1</sup>

Centre name:	Our Lady of Fatima Home
Centre ID:	ORG-0000264
Date of inspection:	25/11/2013
Date of response:	27/12/2013

### Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure Compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

### Outcome 07: Health and Safety and Risk Management

**Theme:** Safe Care and Support

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

The necessary precautionary measures were not in place to mitigate the potential risks of cross infection in the laundry facility.

**Action Required:**

Under Regulation 31 (1) you are required to: Put in place a comprehensive written risk management policy and implement this throughout the designated centre.

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

Risk management policy will be revised so that all necessary measures to mitigate potential risks of cross infection will be addressed and implemented throughout the facility.

**Proposed Timescale:** 01/02/2014

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

**Theme:** Safe Care and Support

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

Some windows did not have opening restrictors in place and this posed a potential risk of injury to residents.

**Action Required:**

Under Regulation 31 (4) (a) you are required to: Take all reasonable measures to prevent accidents to any person in the designated centre and in the grounds of the designated centre.

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

All windows were evaluated and measured for restrictors. These will be installed within the next 30 days.

**Proposed Timescale:** 31/01/2014

### **Outcome 08: Medication Management**

**Theme:** Safe Care and Support

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

Appropriate practices were not in place in regard to prescribing and administering of medicines as the method of administration (the route) was not stated by the prescribing medical practitioners.

Appropriate practices were not in place in regard to storage of refrigerated medicines.

**Action Required:**

Under Regulation 33 (1) you are required to: Put in place appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents and ensure that staff are familiar with such policies and procedures.

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

All operational policies relating to ordering, prescribing, storing and administration of medications will be revised. The physicians' medication charts will be revised and will include a column to allow route of medication to be written by prescribing physicians.

**Proposed Timescale:** 01/03/2014

## Outcome 09: Notification of Incidents

**Theme:** Safe Care and Support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

When residents had any unexplained absence from the centre it had not been notified to the Authority without delay.

**Action Required:**

Under Regulation 36 (2) (d) you are required to: Give notice to the Chief Inspector without delay of the occurrence in the designated centre of any unexplained absence of a resident from the designated centre.

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

All unexplained absences over the last year were reported retrospectively as these had been overlooked and not reported. A process has been initiated so that all unexplained absences in future will be reported without delay.

**Proposed Timescale:** 01/12/2013

## Outcome 11: Health and Social Care Needs

**Theme:** Effective Care and Support

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

There was not a high standard of evidence-based nursing care in regard to documentation of comprehensive assessments of residents own personal activities of daily living consistently on a three-monthly basis or more frequently if a resident's condition changed.

**Action Required:**

Under Regulation 6 (3) (b) you are required to: Provide a high standard of evidence based nursing practice.

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

A meeting with all staff nurses ensued following inspection. All comprehensive assessments were updated to reflect current status of residents. These will now be audited as part of our quality improvement programme.

**Proposed Timescale:** 01/12/2013

## Outcome 12: Safe and Suitable Premises

**Theme:** Effective Care and Support

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

Some of the bedroom floor covering in St Dominic's unit was visibly stained.

**Action Required:**

Under Regulation 19 (3) (d) you are required to: Keep all parts of the designated centre clean and suitably decorated.

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

All rooms in St Dominic's have been measured for replacement floor covering and will be installed within the next 30 days. We already had a plan prior to inspection to replace the floor covering in St Dominic's in early 2014.

**Proposed Timescale:** 31/01/2014

**Theme:** Effective Care and Support

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

Sluice sinks required review as they were ceramic and not in line with best infection control standards.

**Action Required:**

Under Regulation 19 (3) (k) you are required to: Provide necessary sluicing facilities.

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

All sluice sinks have been measured and will be replaced with stainless steel sinks over the next 30 days.

**Proposed Timescale:** 31/01/2014

**Theme:** Effective Care and Support

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

There is potential for residents' privacy and dignity to be compromised as one bedroom has six residents sharing.

**Action Required:**

Under Regulation 19 (3) (e) part 2 you are required to: Provide adequate private accommodation for residents.

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

The Board of Management (BOM) are aware that the six bedded room will need to be

reconfigured over the next year. Our construction engineer has carried out a preliminary assessment and will prepare a report for the BOM by June 2014. The long term plan is to replace the six bedded room with six single en suite rooms which should start within the next year.

**Proposed Timescale:** 31/12/2014

### **Outcome 18: Suitable Staffing**

**Theme:** Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

The allocation of nursing staff to undertake medicine rounds requires review in order to ensure appropriate supervision of residents and care staff, especially in St Martin's unit.

**Action Required:**

Under Regulation 17 (2) you are required to: Supervise all staff members on an appropriate basis pertinent to their role.

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

A meeting with staff nurses ensued following inspection. It was decided that rotation of care staff will be implemented to allow for greater flexibility based on expertise and skill level to be assigned to each area. The rotation will allow senior care staff with the necessary expertise to be assigned to St Martin's.

**Proposed Timescale:** 01/02/2014