<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Our Lady of Fatima Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000264</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Oakpark, Tralee, Kerry.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>066 712 5900</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:admin@fatimahome.com">admin@fatimahome.com</a></td>
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<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Dominican Sisters</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Caroline Connelly</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
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<td>Type of inspection</td>
<td>Unannounced Dementia Care Thematic Inspections</td>
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<td>66</td>
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**About Dementia Care Thematic Inspections**

The purpose of regulation in relation to residential care of dependent Older Persons is to safeguard and ensure that the health, wellbeing and quality of life of residents is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer and more fulfilling lives. This provides assurances to the public, relatives and residents that a service meets the requirements of quality standards which are underpinned by regulations.

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).
Compliance 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 2 day(s).

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

From: 25 April 2018 11:15  
To: 25 April 2018 18:10  
26 April 2018 09:00  
26 April 2018 16:15

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

<table>
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<tr>
<th>Outcome</th>
<th>Provider’s self assessment</th>
<th>Our Judgment</th>
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<tbody>
<tr>
<td>Outcome 01: Health and Social Care Needs</td>
<td>Substantially Compliant</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 02: Safeguarding and Safety</td>
<td>Compliance demonstrated</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 03: Residents' Rights, Dignity and Consultation</td>
<td>Compliance demonstrated</td>
<td>Compliant</td>
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<td>Outcome 04: Complaints procedures</td>
<td>Substantially Compliant</td>
<td>Compliant</td>
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<td>Outcome 05: Suitable Staffing</td>
<td>Substantially Compliant</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 06: Safe and Suitable Premises</td>
<td>Substantially Compliant</td>
<td>Non Compliant - Moderate</td>
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**Summary of findings from this inspection**

This inspection report sets out the findings of a thematic inspection which focused on specific outcomes relevant to dementia care.

As part of the thematic inspection process, providers were invited to attend information seminars given by the Health Information and Quality Authority (HIQA). In addition, evidence-based guidance was developed to guide the providers on best practice in dementia care and the inspection process. Prior to the inspection, the person in charge completed the provider self-assessment and compared the service with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.
During this inspection the inspector focused on the care of residents with a dementia in the centre. The inspection also considered progress on some findings following the last inspection carried out on in January 2017 and to monitor progress on the actions required arising from that inspection. The inspector met with residents, relatives, the person in charge, the Assistant Director of Nursing (ADON), the operations manager, the Clinical Nurse Manager (CNM) and staff members during the inspection. The inspector tracked the journey of a number of residents with dementia within the service, observed care practices and interactions between staff and residents who had dementia using a validated observation tool. The inspector also reviewed documentation such as care plans, medical records, staff files, relevant policies and the self assessment questionnaire which were submitted prior to inspection.

The centre did not have a dementia specific unit however, at the time of inspection there were 19 of the 66 residents residing in the centre with a formal diagnosis of dementia. With a further 19 residents suspected of having dementia. The inspector observed that many of the residents required a good level of assistance and monitoring due to the complexity of their individual needs but also observed that many residents functioned at high levels of independence. Overall, the inspector found the person in charge and staff team were very committed to providing a high quality service for residents.

The inspector saw that residents’ overall healthcare needs were met and they had access to appropriate medical and allied healthcare services. The quality of residents’ lives was enhanced by the provision of a choice of interesting things for them to do during the day and an ethos of respect and dignity for residents was evident. There was a staff member allocated to the function of activity co-ordinator on daily basis who was assisted by a second staff member. This team fulfilled a role in meeting the social needs of residents and the inspector observed that staff connected with residents as individuals. The inspector found that residents appeared to be very well cared for and residents and visitors gave positive feedback regarding all aspects of life and care in the centre. The inspector found that staff were knowledgeable about residents’ likes, dislikes and personal preferences. Staff interacted with residents in a respectful, kind and warm manner. The inspector spoke with residents, who confirmed that they felt safe and were happy living in the centre.

There were a number of changes to the management team since the previous inspection. There was a new person in charge who had taken up post in January 2018. There had also been an appointment of an operations manager who commenced employment in April 2018. New systems were in the process of being implemented in all areas of the service and particularly in relation to nutrition and the premises.

The person in charge had submitted a completed self assessment tool on dementia care to HIQA with relevant policies and procedures prior to the inspection. The person in charge and provider had assessed the compliance level of the centre through the self assessment tool and the findings and judgments of inspectors did not generally concur with the provider’s judgments and further improvements were required particularly in relation to the premises. Progress was made by the provider in implementing some of the required improvements identified on the inspection in
January 2017 which included increase in staffing levels in the evening, provision of menu's, updating contracts of care and improvements in activities. However some of the findings at that time such as the provision of suitable dining and communal space for all residents were again evident on this inspection.

The overall atmosphere in the centre was homely, comfortable and in keeping with the overall assessed needs of the residents who lived there. Many bedrooms were seen to be very personalised. However the centre did not have appropriate signage in place to guide a resident around the centre and particularly to support residents who had perceptual difficulties to be orientated to where they were. Further consideration was required for signage and to the implementation of dementia specific design principals to enable residents with dementia to flourish in the centre. These are discussed throughout the report and the Action Plan at the end of this report identifies areas where improvements are required to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centre's for Older People) Regulations 2013 and the National Standards for Residential Care Settings for Older People in Ireland 2016.
Compliance with Section 41(1)(c) of the Health Act 2007 and 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.

**Outcome 01: Health and Social Care Needs**

**Theme:**
Safe care and support

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

**Findings:**
This outcome sets out the inspection findings relating to healthcare, assessments and care planning. The social care of residents with dementia is discussed in Outcome 3. There were a total of 66 residents in the centre on the days of this inspection, 16 residents has assessed maximum dependency needs, 23 had high dependency needs, 23 residents had medium dependency needs and four residents had low dependency needs. 19 residents had a formal diagnosis of dementia and a further 19 residents had a suspected diagnosis of dementia.

There was evidence that residents could keep the service of their own general practitioner (GP) and there were a large number of GP’s attending residents in the centre. Residents’ medical records were inspected and these were current with regular reviews including medication reviews, referrals, blood and swab results, and therapy notes. There were policies in place to ensure that relevant information was shared between providers and services for when the resident was admitted to, transferred or discharged from the centre. Residents’ additional healthcare needs were met.

Physiotherapy and occupational therapy services were available in house and all residents were assessed on admission for mobility and falls prevention. Dietician and speech and language services were available as required. All supplements were appropriately prescribed by a doctor. Optical assessments were undertaken on residents in-house by an optician from an optical company. A local dentist provided routine dental work including cleaning and fillings in the centre and residents only had to attend the surgery for more complex procedures and x-rays.

Residents in the centre also had access to the specialist mental health of later life services. Community mental health nurses attended the centre to review and follow up residents with mental health needs and residents who displayed behavioural symptoms of dementia. Treatment plans were put in place, which were followed through by the staff in the centre. Follow-up to consultations were completed by psychiatrists as required. Residents and relatives expressed satisfaction with the medical care provided. The inspector saw that residents had a comprehensive nursing assessment completed prior to and on admission.
The centre was in the process of introducing an electronic system for the recording of resident assessment and care planning documentation. The inspector saw that this had been rolled out in one of the units to date with plans to roll it out to the other two units with further training and support for its implementation. The inspector reviewed assessments and care plans for residents on both the electronic version and also in the paper based version. There was a comprehensive assessment of all activities of daily living and appropriate risk assessments were completed in the care plans reviewed such as mobility and nutritional risk assessments using validated tools. The inspector saw that and these were seen to be person centred and reviewed at least three monthly. The inspector reviewed a selection of care plans for some residents with a dementia and found them to be person centred and comprehensive. The inspector also saw daily routine information which included detailed information on residents likes, dislikes, hobbies and interests. They were seen to include very detailed person centred information on areas of risk for the resident like choking risk, areas the resident finds difficult, and other things staff need to know about the resident. Residents and/or their relatives confirmed their involvement in the development of care plans. Care plans were overall up to date and were individualised. Good wound care management was evident in the centre and there was evidence that wound care was evidence based. The services of a tissue viability nurse was often used where specialist advice and treatment was required. Nursing staff and health care assistants spoken with were familiar with and knowledgeable regarding residents up to date needs.

The inspector observed that residents appeared to be well cared for, which was further reflected in residents’ comments that their daily personal care needs were well met. Residents, where possible, were generally encouraged to keep as independent as possible and the inspector observed many residents moving freely around the corridors, in communal areas and in the grounds of the centre.

The centre-specific policies on medication management were made available to the inspector. The policies included the ordering, receipt, administration, storage and disposal of medicines. The policies were comprehensive and evidence based. Medicines for residents were supplied by a community pharmacy and residents had access to their pharmacy of choice. Records examined confirmed that the pharmacist was facilitated to meet his/her obligations as per guidance issued by the Pharmaceutical Society of Ireland. Medicines were stored in a locked cupboard or medication trolley. Medications requiring refrigeration were stored securely and appropriately. Handling and storage of controlled drugs was safe and in accordance with current guidelines and legislation.

Medication administration was observed and the inspector found that the nursing staff did adhere to professional guidance issued by An Bord Altranais agus Cráimhseachais and adopted a person-centred approach. Nursing staff with whom the inspector spoke demonstrated knowledge of the general principles and responsibilities of medication management. Staff reported and the inspector saw that no residents were self-administering medication at the time of inspection. The inspector reviewed a number of medication prescription charts and noted that all included the resident's photo, date of birth, general practitioner (GP) and details of any allergy. There was a system in place for reviewing medications on a three monthly basis by the GP and pharmacist and this was documented in residents’ notes. The inspector saw that for residents that required their medications in an altered format such as crushed medications this was not seen to
be prescribed as such for each individual medication that required crushing. On some
medication records the instruction to crush was written on the top of the prescription
sheet and some were signed by the GP and some were not. Therefore nursing staff
were administering medication to residents in crushed format although it had not been
specifically prescribed on the prescription sheet and there was no list available of
medications that cannot be crushed maintained.

The inspectors saw that there were suitable arrangements in place to meet residents
end of life needs including the needs of residents with dementia. Each resident’s needs
were determined by comprehensive assessment with care plans developed based on
identified end of life needs. Residents and their families, where appropriate were
involved in the care planning process, including end of life care plans which reflected the
wishes of residents with dementia. The community palliative care team were available to
provide care, support and advice. A number of staff had undertaken end of life training
and specialist palliative care training. Families were facilitated to be with residents at
end of life and facilities were provided to ensure their comfort. The nuns from the
religious order sometimes sat with residents at end stage of life offering spiritual care
and support. Overall the inspector found that care practices and facilities in place were
designed to ensure residents received end of life care in a way that met their individual
needs and wishes and respected their dignity and autonomy.

The new operations manager is also a catering manager and is in the process of
introducing new systems into the catering department and plans to work in the kitchen
for a month to train and support staff. New systems of communicating residents diets
had been introduced to the nursing, care and catering staff. There were systems in
place to ensure residents' nutritional needs were met, and that the residents received
adequate nutrition and hydration. Residents were screened for nutritional risk on
admission and reviewed regularly thereafter. Residents' weights were checked on a
monthly basis and more frequently if evidence of unintentional weight loss was
observed. Residents were provided with a choice of nutritious meals at mealtimes and
all residents spoken to were complimentary about the food provided. Mealtimes in the
dining rooms was observed by inspector to be a social occasion. Staff sat with residents
while providing encouragement or assistance with their meal. Nursing staff told the
inspector that if there was a change in a resident’s weight, nursing staff would reassess
the resident, inform the GP and referrals would be made to the dietician and speech and
language therapy (SALT). Files reviewed by the inspector confirmed this to be the case.
Nutritional supplements were administered as prescribed. All staff were aware of
residents who required specialised diets or modified diets and were knowledgeable
regarding the recommendations of the dietician and SALT. Issues identified on the last
inspection in relation to the availability of menus had been rectified and menus were
available. The issue in relation to availability of dining space will be discussed further
under premises.

**Judgment:**
Substantially Compliant

**Outcome 02: Safeguarding and Safety**
Theme:
Safe care and support

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

Findings:
The inspector found that there were measures in place to protect residents from suffering harm or abuse. Staff interviewed demonstrated a good understanding of safeguarding and elder abuse prevention and were clear about their responsibility to report any concerns or incidents in relation to the protection of a resident. The inspector saw that safeguarding training was on-going on a very regular basis in-house and training records confirmed that staff had received this mandatory training. This training was supported by a policy document on elder abuse which defined the various types of abuse and outlined the process to be adopted to investigate abuse issues should they arise.

The centre maintained day to day expenses for a number of residents and the inspector saw evidence that complete financial records were maintained. The inspector reviewed the systems in place to safeguard residents’ finances and valuables which included a review of a sample of records of monies and valuables handed in for safekeeping. Money and valuables were kept in a locked area in the reception area. Residents’ monies and valuables were stored in individual plastic envelopes with the name of the resident. All lodgements and withdrawals were documented and were signed for by two staff members and the resident where possible. The inspector was satisfied that the system in place was sufficiently robust.

There was a policy on responsive behaviour and staff were provided with training in the centre on responsive behaviours. There was evidence that residents who presented with responsive behaviour were reviewed by their GP and referred to psychiatry of old age or other professionals for full review and follow up as required. The inspector saw evidence of positive behavioural strategies and practices implemented to prevent responsive behaviours and staff spoke about the actions they took. Records of behaviours were recorded with included the triggers to these behaviours and what facilitated the resident following the behaviour. Care plans reviewed by the inspector for residents exhibiting responsive behaviours were seen to reflect the positive behavioural strategies proposed. These were clearly outlined in residents’ care plans and therefore ensured continuity of approach by all staff using person-centred de-escalation methods.

There was an up to date policy on restraint. There was evidence that the use of restraint was in line with national policy. The inspector saw that there was a comprehensive assessment form was in place for the use of bedrails, which clearly identified what alternatives to bed rails had been tried to ensure bed rails were the least restrictive method in use. The inspector was assured by the practices in place and saw that alternative measures such as low profiling beds and alarm mats were being used to reduce the use of bed rails in the centre over recent times and there had been a continued reduction in bed rail usage. There were 8 residents using bedrails on the days
of the inspection which had been reduced from 11 using bedrails in January 2017. Where bedrails were required for a resident, the inspector saw evidence that there was regular checking of residents, discussion with the resident's and family.

**Judgment:**
Compliant

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**Outcome 03: Residents' Rights, Dignity and Consultation**

**Theme:**
Person-centred care and support

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

**Findings:**
The centre is run by a religious order and the inspector observed that religious beliefs were facilitated as there was a chapel attached to the building. There was a religious service for the wider community held daily, which residents could attend if they wished and it was also televised so they could watch from their rooms. Residents also had access to ministers from other religious denominations as required. Residents and relatives confirmed that the spiritual and religious needs of residents were very well met. Residents were facilitated to exercise their civil, political and religious rights. The inspector was told that residents were enabled to vote in national referenda and elections as the centre registered to enable polling. The inspector observed that residents' choice was generally respected and control over their daily life was facilitated in terms of times of rising/returning to bed and whether they wished to stay in their room or spend time with others in the communal room. However as will be discussed further under premises lack of communal space in some areas of the centre meant residents did not always avail of communal space.

Residents had access to the daily newspaper and residents were observed enjoying the paper. Residents had access to radio, television, and information on local events. Systems for consultation with residents were in place. The inspector evidenced minutes of residents' meetings which depicted how residents were consulted on the centre was run. These meetings were held four times a year, relevant issues were discussed and they were well attended. Feedback was also regularly sought from residents and relatives via surveys; there was evidence of actions taken as a result of issues identified in the residents meetings and from the surveys. On inspection, it was evident that the centre was managed in a way that took into consideration residents' wishes and choices. Residents with dementia were represented and the centre had access to independent advocacy services, the independent advocate had visited the centre and contact details were available on the residents' notice board.

There were one staff allocated to the function of activity co-ordinators on a daily basis who fulfilled a role in meeting the social needs of residents. At the time of the inspection
there was a second staff member also allocated to assist with activities who also regularly played music and sang for the residents. The inspector spoke with the activities coordinator who outlined the varied activities programme in place, which reflected the diverse needs of the residents. Residents could participate in group activities and one to one sessions were also available to residents who preferred this. There was an extensive activities programme and activities included music, bingo, chair exercises, boccia, baking, card games, puzzles, reading, gardening, men's shed and Sonus. Residents told the inspector that they were happy with the choice of activities on offer. The inspector observed a number of the activities taking place and saw great participation but also observed that residents were free to join in an activity or to spend quiet time in their room and being encouraged and supported to follow their own routines. The inspector also residents and staff returning from a trip out to a local hotel for coffee and scones and residents confirmed they had regular trips out which they really enjoy. The activity coordinator was constantly introducing new activities and items that were current with relevant happening such as having a Saint Patrick's day parade and having their own royal wedding.

As part of the inspection, the inspector spent periods of time observing staff interactions with residents. The inspector used a validated observational tool (the quality of interactions schedule, or QUIS) to rate and record at five minute intervals. The inspector spent time observing interactions during the morning and afternoon. These observations took place in the activities room. Overall, observations of the quality of interactions between residents and staff in the communal area for a selected period of time indicated that the interactions were of a positive nature with very good person-centred interactions seen between staff and residents.

Respect for privacy and dignity was evidenced throughout both days of inspection. Staff were observed to knock on doors and get permission before entering bedrooms. Screening was provided in multi-occupancy and twin bedrooms to protect the residents privacy. Respect for privacy and dignity was evidenced throughout both days of inspection. Staff were observed to knock on doors and get permission before entering bedrooms. Screening was provided in twin bedrooms to protect the residents privacy. Staff were observed communicating appropriated with residents who were cognitively impaired as well as those who did not have a cognitive impairment. Effective communication techniques were documented and evidenced in some residents care plans. Residents were treated with respect. The inspector heard staff addressing residents by their preferred names and speaking in a clear, respectful and courteous manner. Staff paid particular attention to residents’ appearance, dress and personal hygiene and were observed to be caring towards the residents. Residents choose what they liked to wear and the hairdresser visited weekly.

Numerous visitors were observed throughout both days of inspection where staff members knew the names of visitors and vice versa. Staff took time to talk with family members both when they visited and when they rang to enquire about their relative. Visitors told the inspector that they were always made welcome and that there were plenty areas in the centre to visit in private if they wished to. They said that if they any concerns they could identify them to the person in charge or staff and were assured they would be resolved.
### Outcome 04: Complaints procedures

**Theme:**  
Person-centred care and support

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

**Findings:**  
There was a policy and procedure for making, investigating and handling complaints. The policy was displayed in the main reception area and was also outlined in the statement of purpose and function and in the Residents’ Guide. There was evidence that complaints were discussed at staff meetings and informed changes to practice.

Staff interviewed conveyed an understanding of the process involved in receiving and handling a complaint. The inspector viewed a comprehensive complaints log and saw that complaints, actions taken and outcomes were documented in accordance with best practice and that feedback is given to the complainant.

There was an independent appeals person nominated and the policy had been updated to include the facility to refer to the Ombudsman if required.

**Judgment:**  
Compliant

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### Outcome 05: Suitable Staffing

**Theme:**  
Workforce

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

**Findings:**  
Improvements in staffing levels were seen following the previous inspection with the introduction of a twilight shift to ensure there was enough staff available during the afternoon and evening to meet the needs of the residents. An actual and planned roster was maintained in the centre. The inspector reviewed staff rosters which showed that the person in charge was on duty Monday to Friday. Nurses were on duty and allocated on all three units during the day and at night time. During the two days of inspection
the number and skill-mix of staff working was observed to be appropriate to meet the needs of the current residents. Residents and relatives spoke very positively of staff and indicated that staff were caring, responsive to their needs and treated them with respect and dignity.

Systems of communication were in place to support staff with providing safe and appropriate care. There were handover meetings each day to ensure good communication and continuity of care from one shift to the next. The inspector saw records of regular staff meetings at which operational and staffing issues were discussed. The inspector saw that staff had available to them copies of the Regulations and standards. In discussions with staff, they confirmed that they were supported to carry out their work by the person in charge. The inspector found staff to be well informed and knowledgeable regarding their roles, responsibilities and the residents’ needs and life histories. There was evidence that residents knew staff well and engaged easily with them in personal conversations.

Mandatory training was in place and staff had received up to date training in fire safety, safe moving and handling, management of responsive behaviours and safeguarding vulnerable persons. Staff also attended training in areas such as dementia specific training, the prevention of falls, infection control and medication management. Nursing staff confirmed they had also attended clinical training including end of life care and one nurse was completing a masters degree in dementia care. The inspector saw that other training courses had been booked and were scheduled for the coming months.

The inspector was satisfied that recruitment practices were robust. A sample of staff files was reviewed and those examined were complaint with the Regulations and contained all the items listed in Schedule 2. Current registration with regulatory professional bodies was in place for all nurses. The person in charge and the administrator confirmed Garda vetting was in place for all staff and no staff commenced employment until this was in place.

There was evidence of a comprehensive induction period for new staff and staff spoken with confirmed this and were complimentary of the support they received.

**Judgment:**
Compliant

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**Outcome 06: Safe and Suitable Premises**

**Theme:**
Effective care and support

**Outstanding requirement(s) from previous inspection(s):**
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**
During the previous two inspections the inspector identified the lack of a communal space in St. Martins unit or in the proximity of the unit as an issue. The main sitting and
dining room are a long walk for residents, which resulted in many residents remaining in their rooms during the day with many also taking their meals in their bedrooms. On the two previous inspections the inspector was informed there was going to be a sitting room developed in the unit. On this inspection the inspector saw again that this had not happened and there continued to be a large number of residents spending the day in their bedrooms some of these by choice others because of a lack of suitable day space in proximity of their bedrooms. The inspector was informed that they had developed one of the lounges in a nearby unit into a second dining room where a number of residents did go to dine however due to maintenance works ongoing this was not available during the inspection.

The centre consists of three units and provides accommodation in 47 single en-suite bedrooms four twin en-suite bedrooms and eleven en-suite bedrooms/suites that also contained a sitting room. Overall the inspector found the premises and residents bedrooms to be of a high standard and much personalised throughout. There was an enclosed garden area which used and enjoyed by residents in the fine weather. The premises and grounds were seen to be well-maintained. Appropriate lighting and ventilation were provided. The inspector noted that the premises and grounds were generally free from significant hazards. However flooring in certain parts of the centre was worn and parts of the carpets tiles were lifting which were a trip hazard and required repair or replacement. The inspector also noted a chair in one of the residents bedrooms was worn and torn and also required repair or replacement. The centre was warm and comfortable and parts of the centre including a lounge area had been recently redecorated. A sufficient number of toilets, bathrooms and showers and an assisted bathroom were provided.

Communal space for residents consists of a number of sitting rooms, a dining room, an activities room, a sunroom, a room for residents to meet visitors and an internal smoking room. The activities room was seen by the inspector to be of a high standard and contained comfortable seating areas decorated in a homely theme, activity areas, exercise areas and was home to tropical fish. There is also internal access to an attached chapel which is also used by the local community. The centre had a separate main kitchen complete with cooking facilities, equipment, dry stores, cold rooms and shelving. Catering staff had designated changing and toilet facilities. Equipment seen by the inspector was found to be fit for purpose and up-to-date service records were available for all equipment on the days of the inspection.

The inspector found the centre to be very large and at times difficult to find specific areas. Further attention was required to ensure the physical environment was designed in a way that was consistent with some of the design principles of dementia-specific care. Signage and cues were not always available to assist residents with perceptual difficulties and to assist residents to locate facilities independently. The location of one large central dining room also did not fit in with dementia principals were some residents required smaller more domestic type surroundings.

Judgment:
Non Compliant - Moderate
Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Caroline Connelly
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Requirements

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

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

Outcome 01: Health and Social Care Needs

Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Where medicines were to be administered in a modified form such as crushing, this was not individually prescribed by the prescriber on the prescription chart and therefore nurses could be administering medications not in accordance with the directions of the prescriber which could lead to errors.

1. Action Required:

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident’s pharmacist regarding the appropriate use of the product.

**Please state the actions you have taken or are planning to take:**
All prescription charts have been edited to include a column marked ‘crushed medications’ and a copy of medications that cannot be crushed is now available at each nurse’s station.

**Proposed Timescale:** 02/05/2018

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**Outcome 06: Safe and Suitable Premises**

**Theme:**
Effective care and support

**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**
There were a number of issues identified with the premises that did not conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.
1. Not enough communal and dining space in close proximity to St. Martins unit
2. Floor covering required replacement or repair in parts of the centre
3. A chair in a residents bedroom was worn and torn and required repair or replacement
4. Further attention was required to ensure the physical environment was designed in a way that was consistent with some of the design principles of dementia-specific care.
5. Signage and cues were not always available to assist residents with perceptual difficulties and to assist residents to locate facilities independently.

**2. Action Required:**
Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

**Please state the actions you have taken or are planning to take:**
1. Communal space on St Martins unit:
   We the BOM consider the needs of our residents to be central to our work and endeavour to support the highest quality care and environment for each of them within Fatima Home.
   We will review St Martin’s unit to provide a communal space for the residents in this area with a view to developing a schedule of activities and social interactions to hold in this new communal space. We have set the proposed timescale by 30th September 2018, however we will need to put some thought into how we will introduce this causing the least amount of disruption to our residents and based on the timing of beds becoming available on the unit.
   Proposed Timescale: 30th September 2018
2. Floor covering requires replacement:
All floor tiles have been replaced.
Proposed Timescale: 15th June

3. Chair in resident’s bedroom was worn and torn:
This armchair has been repaired since inspection.
Proposed Timescale: 30th April 2018

4. Further attention was required to ensure the physical environment was designed in a way that was consistent with some of the design principles of dementia-specific care. We have been aiming where possible to achieve an environment that is consistent with design principles of dementia-specific care and we introduce changes gradually in line with our resources. Residents and their families are encouraged to bring items from home such as pieces of furniture and other items that are familiar to them. We have an established central garden area with pathways suitable for residents to expend their energy in a safe environment and ensure shoes and walking aids are in good repair. There is an extensive list of social activities to keep residents engaged and we try where possible to keep a sense of safety and familiarity for them.
Other developments include: the introduction of smoothies served daily at 3pm to naturally supplement dietary intakes and to meet the requirements of all residents including those requiring graded fluids, a live dietary list available to kitchen and care staff with real time information regarding residents dietary requirements. There is an up to date ‘absconsion list’ to indicate to care staff those residents at risk of wandering, we have personalised environments using nostalgic items such as childhood pictures, lamps, bed spreads etc. We have also paid attention to involve residents in activities that enable them to contribute e.g. Sonas, singing, painting, reminiscence therapy, involvement with the intergenerational programme. We have developed picture menus and are in the process of creating picture activity boards to assist with communication needs of residents with reduced cognitive awareness. We maintain a record of triggers that agitate, and strategies that calm residents in order to promote their safety. Future developments include labelling and signage on wardrobes and drawers, painting bedroom doors similar colours to resident’s own front door at home, personalising bedroom doors with photographs, painting/highlighting toilet seat lids in bright colours and adding signage to toilet doors. In addition it is hoped that the new communal space in St Martins will reflect design principles of dementia-specific care.
Proposed Timescale: 30th September 2018

5. Signage and cues were not always available to assist residents with perceptual difficulties and to assist residents to locate facilities independently:
We are aware signage needs to be reviewed/improved this is being addressed in line with design principles relevant to dementia-specific care and those residents with perceptual difficulties. See further details above in item 4.
Proposed Timescale: Started and to be complete by 30th September 2018

Proposed Timescale: 30/09/2018