

**Health Information and Quality Authority
Social Services Inspectorate**

**Compliance Monitoring - Inspection report
Designated Centres under Health Act 2007**



Centre name:	Our Lady of Fatima Home
Centre ID:	0264
Centre address:	Oakpark Road
	Tralee
	Co Kerry
Telephone number:	066-7125900
Email address:	info@fatimahome.com
Type of centre:	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered provider:	Congregation of Dominican Sisters
Person authorised to act on behalf of the provider:	Sr Teresa McEvoy
Person in charge:	Mary Curtin
Date of inspection:	12 September 2012 and 13 September 2012
Time inspection took place:	Day 1-Start: 11:25hrs Completion: 17:45hrs Day 2-Start: 08:40hrs Completion: 13:00hrs
Lead inspector:	Col Conway
Purpose of this inspection visit:	<input type="checkbox"/> to inform a registration/renewal decision <input checked="" type="checkbox"/> to monitor ongoing regulatory compliance <input type="checkbox"/> following an application to vary conditions <input type="checkbox"/> following a notification <input type="checkbox"/> following information received
Type of inspection	<input type="checkbox"/> announced <input checked="" type="checkbox"/> unannounced

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 their 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
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Social Services Inspectorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being 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. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

Summary of 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, in which 10 of the 18 outcomes were inspected against. The purpose of the inspection was:

- to inform a registration decision
- to inform a registration renewal decision
- to monitor ongoing compliance with regulations and standards
- following an application to vary registration conditions
- following a notification of a significant incident or event
- following a notification of a change in person in charge
- following information received in relation to a concern/complaint

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

Outcome 1: Statement of Purpose	<input type="checkbox"/>
Outcome 2: Contract for the Provision of Services	<input type="checkbox"/>
Outcome 3: Suitable Person in Charge	<input checked="" type="checkbox"/>
Outcome 4: Records and documentation to be kept at a designated centres	<input type="checkbox"/>
Outcome 5: Absence of the person in charge	<input type="checkbox"/>
Outcome 6: Safeguarding and Safety	<input checked="" type="checkbox"/>
Outcome 7: Health and Safety and Risk Management	<input checked="" type="checkbox"/>
Outcome 8: Medication Management	<input checked="" type="checkbox"/>
Outcome 9: Notification of Incidents	<input type="checkbox"/>
Outcome 10: Reviewing and improving the quality and safety of care	<input checked="" type="checkbox"/>
Outcome 11: Health and Social Care Needs	<input checked="" type="checkbox"/>
Outcome 12: Safe and Suitable Premises	<input type="checkbox"/>
Outcome 13: Complaints procedures	<input checked="" type="checkbox"/>
Outcome 14: End of Life Care	<input type="checkbox"/>
Outcome 15: Food and Nutrition	<input checked="" type="checkbox"/>
Outcome 16: Residents' Rights, Dignity and Consultation	<input checked="" type="checkbox"/>
Outcome 17: Residents' clothing and personal property and possessions	<input type="checkbox"/>
Outcome 18: Suitable Staffing	<input checked="" type="checkbox"/>

This monitoring inspection was unannounced and took place over two days. As part of the monitoring inspection the inspector met with some residents and staff members and the inspector observed practices and reviewed documentation such as care plans, medical records, incident/accident log, policies and procedures and information held on staff files.

During the two days of inspection there was evidence that residents received a good standard of care, there was a sufficient number of staff employed and rostered to work

each day to meet the assessed needs of residents and overall there was substantial compliance with the Regulations.

The Action Plan at the end of this report identifies two areas where improvements are needed to 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*.

Theme: Governance, Leadership and Management

Effective governance, leadership and management, in keeping with the size and complexity of the service, are fundamental prerequisites for the sustainable delivery of safe, effective person-centred care and support.

Outcome 3

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

References:

Regulation 15: Person in Charge
Standard 27: Operational Management

Outstanding action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The person in charge works full time in the centre; she is a registered nurse, holds current registration with the nursing professional body and she has the required experience and knowledge to deliver safe, effective person-centred care and support to the residents. There was evidence that she had a strong commitment to her own continued professional development as she had undertaken relevant short courses as well as attended relevant professional updates since the previous inspection. There were suitable governance arrangements in place to support the person in charge as a full-time clinical nurse manager two (CNM2) was in post. The inspector formed the view, based on observations in the centre, that both the person in charge and the CNM2 were suitably experienced nurses with authority, accountability and responsibility for the provision of the service.

Theme: Safe care and support

Safe care and support recognises that the safety of service users is paramount. A service focused on safe care and support is continually looking for ways to be more reliable and to improve the quality and safety of the service it delivers.

In a safe service, a focus on quality and safety improvement becomes part of a service-wide culture and is embedded in the service's daily practices and processes rather than being viewed or undertaken as a separate activity.

To achieve a culture of quality and safety everyone in the service has a responsibility to identify and manage risk and use evidence-based decision-making to maximise the safety outcomes for service users.

Outcome 6

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.

References:

Regulation 6: General Welfare and Protection

Standard 8: Protection

Standard 9: The Resident's Finances

Outstanding action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The inspector reviewed the record keeping of handling any residents' monies and there was evidence available that residents' finances were managed in a clear and transparent manner.

An up-to-date centre-specific elder abuse policy was available for staff, training records indicated that staff had received elder abuse training and appropriate vetting of staff was undertaken. There was evidence available to the inspector that indicated in the event of an allegation of abuse a robust and rapid response to the allegation would be implemented.

Outcome 7

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

References:

Regulation 30: Health and Safety

Regulation 31: Risk Management Procedures

Regulation 32: Fire Precautions and Records

Standard 26: Health and Safety

Standard 29: Management Systems

Outstanding action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

There was evidence of appropriate risk management procedures being implemented, such as:

- up-to-date health and safety statement, emergency plan and health and safety policy were in place
- environmental risk assessments were undertaken and there was documented evidence that actions were appropriately taken if required
- residents with significant risk factors were assessed, monitored and cared for appropriately
- any incidents/accidents were comprehensively documented and there was a record maintained of frequent analysis to determine causative factors
- records indicated staff had received manual handling and fire safety training
- records confirmed that fire equipment, fire prevention and suppression system checks were up to date and frequent fire evacuation drills were undertaken
- the environment was well maintained, adequate lighting was in place, flooring was in a good condition and hand- and grab-rails were in the required places
- appropriate infection control measures were in place
- records indicated that equipment was checked regularly.

While there was a written risk policy in place, it did not include all of the information as required by article 31 of the Regulations.

Outcome 8

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

References:

Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines
Standard 14: Medication Management

Outstanding action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

There were up-to-date centre-specific medication management policies and procedures detailing ordering, prescribing, storing and administration of medicines and handling and disposal of unused or out-of-date medicines. Review of records and observation of

practices indicated safe medication management practices by nursing staff as they adhered to professional guidelines and regulatory requirements related to medication management.

There was evidence that residents' medication prescriptions were reviewed at least every three months by a medical practitioner.

Theme: Effective care and support

The fundamental principle of effective care and support is that it consistently delivers the best achievable outcomes for people using a service within the context of that service and resources available to it. This is achieved by using best available national and international evidence and ongoing evaluation of service-user outcomes to determine the effectiveness of the design and delivery of care and support. How this care and support is designed and delivered should meet service users' assessed needs in a timely manner, while balancing the needs of other service users.

Outcome 10

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

References:

Regulation 35: Review of Quality and Safety of Care and Quality of Life
Standard 30: Quality Assurance and Continuous Improvement

Outstanding action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

An inspector found evidence that the person in charge and the CNM 2 monitored the quality of care. The quality review activity included evaluation of bedrail restraint practices and the associated documentation, which had resulted in a reduction in the use of bedrail restraint. There was documented indepth analysis/review with a dietician of any resident with weight loss and actions had been put in place to achieve weight gain for the identified residents. Indepth analysis with a physiotherapist of residents who had fallen had also been undertaken as well as review of continence management.

Outcome 11

Each resident's 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 resident's 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.

References:

Regulation 6: General Welfare and Protection
Regulation 8: Assessment and Care Plan
Regulation 9: Health Care
Regulation 29: Temporary Absence and Discharge of Residents
Standard 3: Consent
Standard 10: Assessment
Standard 11: The Resident's Care Plan
Standard 12: Health Promotion
Standard 13: Healthcare
Standard 15: Medication Monitoring and Review
Standard 17: Autonomy and Independence
Standard 21: Responding to Behaviour that is Challenging

Outstanding action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

Residents' wellbeing and welfare was maintained as there was strong evidence available to the inspector that residents received contemporary evidence-based nursing care. Written records indicated each resident was comprehensively reviewed by nursing staff as well recognised assessment tools were used to undertake clinical assessments to monitor residents' progress and to detect any deterioration. Each resident had the arrangements to meet their assessed needs set out in nursing care plans and there was evidence that they were reviewed by nursing staff at least three-monthly or more frequently if required. While daily nursing notes were completed they were not in accordance with the recommendations made in professional nursing guidelines.

A review of residents' medical records showed that residents had access to medical practitioners, were reviewed at least three-monthly and were seen rapidly if they became unwell. Records confirmed that residents also had access to specialist medical review if required.

There was evidence that residents had access to a full range of allied health services such as dietician, speech and language therapy, physiotherapy, occupational therapy, chiropody, dentistry, optical care and audiology.

A fulltime activities coordinator was employed in the centre and a well organised programme was established that provided residents with opportunities to engage in a variety of meaningful and stimulating group or one-to-one activities. A schedule/ timetable of the daily organised activities was available for residents and they each had

their capacities assessed for the different activities on offer to ensure each resident was participating in activities that were relevant for their individual needs.

Theme: Person-centred care and support

Person-centred care and support has service users at the centre of all that the service does. It does this by advocating for the needs of service users, protecting their rights, respecting their values, preferences and diversity and actively involving them in the provision of care. Person-centred care and support promotes kindness, consideration and respect for service users' dignity, privacy and autonomy.

Outcome 13

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.

References:

Regulation 39: Complaints Procedures

Standard 6: Complaints

Outstanding action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

A centre-specific written complaints policy was in place and a written complaints procedure containing all of the required information was hung in a prominent place. Residents had access to an independent appeals process.

A written record was maintained of complaints, detailing the actual complaint and the ongoing management of any complaints.

Outcome 15

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.

References:

Regulation 20: Food and Nutrition

Standard 19: Meals and Mealtimes

Outstanding action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

There was evidence that residents were provided with food and drink at times and in quantities adequate for their needs and they received a varied diet that offered choice. The inspector observed that a pleasant dining experience was provided in the dining room and residents were facilitated to dine in their bedrooms if they so wished. The daily menu was displayed and residents' special dietary requirements were communicated to kitchen staff and were catered for. Residents had access to fresh drinking water and hot drinks and snacks as they required.

Residents' weights were monitored regularly, a well-recognised nutritional assessment tool was used frequently to monitor each resident's nutritional status and dietician services were available if any resident was identified as needing a review.

Residents who needed assistance with meals were assisted by staff using appropriate techniques in a discreet and respectful manner.

Outcome 16

Residents are consulted with and participate in the organisation of the centre. Each resident's 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.

References:

Regulation 10: Residents' Rights, Dignity and Consultation
Regulation 11: Communication
Regulation 12: Visits
Standard 2: Consultation and Participation
Standard 4: Privacy and Dignity
Standard 5: Civil, Political, Religious Rights
Standard 17: Autonomy and Independence
Standard 18: Routines and Expectations
Standard 20: Social Contacts

Outstanding action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The inspector observed residents' privacy and dignity being respected by staff in the approach they took and the way they spoke when dealing with residents. Staff were also observed promoting residents' independence as they encouraged residents to do as much for themselves as possible and residents were offered choice by staff in regard to their daily activities.

Residents were consulted with and participated in the organisation of the centre as there was a suggestion box available for residents and/or their relatives to place their written comments and there was a residents' council that held quarterly meetings.

There was strong evidence that social and family contacts were maintained, as visitors were welcomed at various times of the day and home visits and outings were facilitated as requested. There were areas separate to residents' private accommodation/bedrooms for residents to meet their visitors in private if required.

Residents' religious needs were facilitated as residents and their relatives had access to a chapel attached to the centre and pastoral care services were also available as required.

Theme: Workforce

The workforce providing a health and social care and support service consists of all the people who work in, for, or with the service provider and they are all integral to the delivery of a high quality, person-centred and safe service. Service providers must be able to assure the public, service users and their workforce that everyone working in the service is contributing to a high quality safe service.

Outcome 18

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.

References:

- Regulation 16: Staffing
- Regulation 17: Training and Staff Development
- Regulation 18: Recruitment
- Regulation 34: Volunteers
- Standard 22: Recruitment
- Standard 23: Staffing Levels and Qualifications
- Standard 24: Training and Supervision

Outstanding action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

There was sufficient evidence available to the inspector that staffing levels were good overall as the inspector observed there was an adequate number of staff working during the two days of inspection and the skill-mix was appropriate to meet the needs of residents. A review of the staff duty rosters indicated that appropriate numbers of staff were consistently rostered to work in the centre.

The inspector was informed that 29 of the 34 carers employed had completed a relevant Further Education and Training Awards Council (FETAC) programme. All staff had been provided with opportunities to attend ongoing relevant education that was additional to the mandatory training of manual handling and fire safety, such as management of challenging behaviour, nutrition and hydration, dysphagia (swallowing difficulty), restraint, dementia and infection control.

There was a centre-specific written recruitment policy in place and there was substantial compliance with retaining the required documents for staff as per schedule 2 of the Regulations. There was evidence available to the inspector that staff were supervised on an appropriate basis as the person in charge and the CNM2 both worked five days a week.

Closing the visit

At the close of the inspection visit a feedback meeting was held with the provider, the person in charge, and the clinical nurse manager to report on the inspector's findings, which highlighted both good practice and where improvements were needed.

Acknowledgements

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

Report compiled by:

Col Conway
Inspector of Social Services
Social Services Inspectorate
Health Information and Quality Authority

24 September 2012

**Health Information and Quality Authority
Social Services Inspectorate**

Action Plan



Provider's response to inspection report *

Centre Name:	Our Lady of Fatima Home
Centre ID:	0264
Date of inspection:	12 September 2012
Date of response:	16 October 2012

Requirements

These requirements set out the actions that must be taken to meet the requirements of the Health Act 2007, 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*.

Theme: Safe care and support

Outcome 7: Health and safety and risk management

The provider is failing to comply with a regulatory requirement in the following respect:

The risk management policy did not include all of the information as required by article 31 of the Regulations.

Action required:

Ensure the risk management policy includes all of the information as required by article 31 of the Regulations.

* The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

Reference: Health Act, 2007 Regulation 27: Operational policies and Procedures Regulation 31: Risk Management Procedures	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Our current operational policies and procedures and risk management procedures are under review and revision.	1 December 2012

Theme: Effective care and support

Outcome 11: Health and social care needs

The provider and person in charge are failing to comply with a regulatory requirement in the following respect: Daily nursing notes were not maintained for all residents in accordance with relevant professional guidelines.	
Action required: Ensure nursing records are maintained for all residents in accordance with relevant professional guidelines.	
Reference: Health Act, 2007 Regulation 25: Medical Records Standard 11: The Resident's Care Plan	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Residents' records and care plans are revised and a daily nursing record which is completed by the registered general nurse on duty is completed daily, has been implemented.	13 October 2012

Any comments the provider may wish to make:

Provider's response:

Thanked inspector for her valuable feedback and critique during and after inspection.

Provider's name: Mary Curtin

Date: 15 October 2012