



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

Issued by the Chief Inspector

Name of designated centre:	Our Lady of Fatima Home
Name of provider:	Dominican Sisters
Address of centre:	Our Lady of Fatima Home, Oakpark, Tralee, Kerry
Type of inspection:	Short Notice Announced
Date of inspection:	20 April 2022
Centre ID:	OSV-0000264
Fieldwork ID:	MON-0037005

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Our Lady of Fatima Nursing Home is a single- storey building that commenced operation in 1968. It provides continuing, convalescent and respite care for up to 66 residents. It is situated on the outskirts of Tralee town and is in close proximity to all local amenities. It is a mixed gender facility and caters for residents of all dependency needs from low to maximum.

The centre is run by a religious order and the convent is in the grounds of the centre. There is a chapel attached to the centre where mass is celebrated daily. Residents accommodation is provided in 47 large single bedrooms and in four twin bedrooms all which are en-suite. 11 further single bedrooms also had their own sitting room provided in an apartment type accommodation. There is a large central dining room and a number of sitting rooms for residents use. Plenty of outdoor space is available including a large enclosed garden with tables and chairs and a smaller enclosed area opening from the activities room.

Care is provided by a team of nursing and care staff covering day and night shifts. Medical and other allied healthcare professionals provide ongoing healthcare for residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

58

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 20 April 2022	11:00hrs to 18:30hrs	Niall Whelton	Lead

What residents told us and what inspectors observed

The inspector was met by the operations manager, on behalf of the registered provider, who facilitated the inspection.

Following an introductory meeting, the manager accompanied the inspector on a walk-through of the centre.

In the first instance, the inspector walked through the newly constructed area of the building. The builders were still on site completing minor snag items. The layout of this area included 10 single bedrooms, a new day space and ancillary accommodation such as toilets, storage rooms, staff canteen and sluice facilities. It was sub-divided into fire compartments with no more than four residents proposed to be accommodated in each. These rooms were not yet furnished and still required a final clean before occupation. There was a sufficient number of escape routes and exits from this area of the building. The inspector noted additional escape lighting was required on the external routes to ensure a safe passage of escape away from the building.

The inspector noted gaps to a small number of fire doors. The operations manager gave assurance that these would be addressed. The cover of a switch panel for a door closing device had been damaged from the doors swing. This was immediately repaired on the day of inspection.

The inspector also walked through the existing registered area of the designated centre. This area of the building was single storey throughout and comprised five separate residential areas, resident day spaces, a chapel, administrative office area and a separate laundry building. The designated centre was built incrementally over the years with varying quality of passive fire safety measures in the different sections of the building. That said, the inspector observed a high standard of maintenance to ensure fire doors throughout the centre were effective to perform their function of containing fire and smoke. The inspector saw a number of areas where utility services penetrated fire rated walls and ceilings; these required sealing up.

The inspector saw a clinical store room which contained a number of unsecured oxygen cylinders on the ground. These were at risk of being knocked over. The fire door to this room was not fitted with an automatic self-closing device. The operations manager verbally confirmed these would be removed on the day of inspection.

The inspector observed escape routes and exits to be clear and free of obstruction. Staff spoken with demonstrated a good knowledge of the evacuation procedure in place. External routes were mostly kept clear and provided escape away from the building. Some routes to the rear were narrow and were noted to require additional emergency lighting coverage. This is discussed further in the quality and safety

section of this report.

During the walk through, the inspector saw examples where the provider had implemented measures to enhance fire safety in the centre. For example, the inspector saw laminated sheets with instructions on what to do when the fire alarm is activated. These are distributed to staff when they commence employment. Coloured prompts were located over the resident's bed to indicate dependency and mode of evacuation. Exit doors were assigned a number and this was displayed at the exit. The inspector was told that when the exit door was opened it would be displayed on both the fire alarm panel and the call bell system. There was an emergency fire box located at the main reception and this was equipped with hi-vis vests, torches and a copy of the emergency evacuation plans for the residents, etc.

The fire alarm panel was located in the main reception with a repeater panel located in the nurse station in St. Martin's and they were noted to be free of fault.

Capacity and capability

This was a short notice announced inspection carried out to review fire precautions in the designated centre and to review the newly constructed section of the building, which was the subject of an application to vary the registration. The registered provider of this centre is the Dominican Sisters. The centre has a good history of compliance with the regulations and there was no outstanding actions in relation to regulation 28 from the previous inspection on 12 October 2021.

This inspection found that the governance and management of fire safety in Our Lady of Fatima Home was robust and effective systems underpinned a high standard of maintenance of fire safety systems. Improvements were required in the review of external escape routes and the provider was required to have a competent person review the fire compartment boundaries to ensure they supported the evacuation procedures in place.

There was a fire safety management plan and emergency fire action plan in place. These were found to be comprehensive and informed robust fire safety management in the centre.

Regulation 23: Governance and management

While effective governance and management systems supported a high standard of

maintenance of effective fire safety systems, the provider had not recognised some of the risks found on inspection

- There was a number of unsecured oxygen cylinders within a storage room
- The kitchen door was propped open
- The suitability of the external escape routes to the rear
- Assurance was required regarding the extent, size and location of fire compartment boundaries.

Judgment: Substantially compliant

Quality and safety

Fire safety systems and the fire safety aspects of the physical premises were maintained to a high standard. However improvements were required for the following:

- Sealing up of service penetrations in fire resisting construction
- The suitability of the external escape routes to the rear of the premises
- The provision of emergency lighting to external escape routes.

The inspector saw records of a full audit of the fire doors throughout the designated centre in 2019 and recommended improvements works had been completed. Furthermore, to enhance the maintenance of the fire doors, they have been reviewed annually and any new deficits repaired. The inspector saw records to verify this. Of the fire doors reviewed, the inspector noted most were well fitted and appeared to be effective to contain the spread of fire and smoke. Minor deficiencies such as screws missing to hinges and adjustments to automatic closers were required.

The centre was laid out with a sufficient number of escape routes and exits. Some were noted to be narrow. Assurance was sought from and verbally given by the operations manager that the evacuation aids in use had been tested on these routes. The escape routes to the rear of the building were noted to be narrow and not provided with adequate emergency lighting. Residents may require to evacuate across a grass area rather than a defined pathway. One pathway was reduced in width owing to a timber enclosure, which meant that resident would be required to move onto the grass area.

The inspector noted one pinch point where the width of the external pathway was too narrow to facilitate alternative escape. This meant that alternative routes were not always available from the rear area for residents who depended on evacuation aids.

The inspector reviewed the fire safety register and noted that it was well organised and comprehensive. The in-house periodic fire safety checks were being completed

and logged in the register as required.

Service records were available for the various fire safety and building services and these were all up to date, however the annual certificate was not available for review. The operations manager confirmed this would be available the following week.

There was a fire safety management plan and emergency fire action plan in place. These were found to be comprehensive and informed robust fire safety management of the centre.

Regulation 28: Fire precautions

Improvements were required by the provider to ensure adequate precautions against the risk of fire. The inspector observed a number of unsecured oxygen cylinders within a storage room. The operations manager confirmed these would be removed to an external location that day. The inspector also observed the kitchen door was propped open.

To ensure adequate means of escape, the provider was required to review the following:

- The external escape routes, both in the existing area and the new build area, required additional escape lighting to ensure safe evacuation away from the building during the hours of darkness.
- Escape routes to the rear were narrow and the inspector was not assured that the paths were of sufficient width for the evacuation aids in use.

The inspector noted areas where improvements were required to ensure adequate containment of fire. The inspector saw a number of areas where utility services penetrated fire rated walls and ceilings; these required sealing up. There was no automatic door closer to the clinical room.

Further assurances were required from the provider that the fire compartment boundaries used to facilitate phased evacuation, were effective compartment boundaries. Review by a competent fire safety professional is required to provide this assurance.

There were minor adjustments required to some fire doors.

There was a small store opening off a dining room which required a smoke detector.

While fire evacuation drills were taking place, the records showed that the drills conducted as part of the fire safety training included simulating the evacuation of one resident and not a full building compartment, therefore the inspector was not assured that adequate arrangements were in place to evacuate, where necessary all

persons in the event of a fire.

The drill records reviewed were not sufficiently detailed and did not provide detail on learning outcomes and opportunities for improvement.

There were floor plans displayed throughout the centre. They were annotated in a way with colour to identify the areas of the building but did not decipher the fire compartments for phased evacuation.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 28: Fire precautions	Not compliant

Compliance Plan for Our Lady of Fatima Home OSV-0000264

Inspection ID: MON-0037005

Date of inspection: 20/04/2022

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> • There was a number of unsecured oxygen cylinders within a storage room: Response: All Oxygen cylinders have been removed from the clinical storage room and moved for storage outside the premises. • The kitchen door was propped open Response: The door prop was removed and staff informed not to put this into use. • The suitability of the external escape routes to the rear: Response: Fatima Home Contacted a reputable professional groundworks company to complete an assessment of the external escape route pathway size. In conjunction with the electricians, installation of poles for electric & battery emergency lighting and the Fire consultant recommendations, we endeavour to widen pathways to 1.2 metres and complete works by 07.07.2022 • Assurance was required regarding the extent, size and location of fire compartment boundaries. Response: A full inspection has been arranged for the 14th to the 16th of June with Fatima Homes Fire consultant to determine actual boundary compartments with a completion date of the report on 22nd June 2022 • Rooms not furnished: Response: The initial inspection was brought forward to accommodate the inspector. All bedrooms and utility areas are complete and ready for occupation. • Gaps in the fire doors: Response: The construction company were informed of these imperfections and were addressed the day after inspection. • Utility Services penetrated fire rated walls and ceilings: Response: A fire stopping 	

contractor were contacted the day after inspection. The premises was inspected, areas for fire stopping were identified. We endeavor to have these works complete by 07.07.2022

Regulation 28: Fire precautions

Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

- The external escape routes, both in the existing area and the new build area, required additional escape lighting to ensure safe evacuation away from the building during the hours of darkness. Response: Fatima Home Contacted a reputable professional electrical company to complete an assessment of the external escape route emergency lighting. In conjunction with the grounds work company, installation of poles for electric & battery emergency lighting and the Fire consultant recommendations, we endeavor to install adequate emergency lighting and complete works by 07.07.2022

- Escape routes to the rear were narrow and the inspector was not assured that the paths were of sufficient width for the evacuation aids in use. Response: Fatima Home Contacted a reputable professional groundworks company to complete an assessment of the external escape route pathway size. In conjunction with the electricians, installation of poles for electric & battery emergency lighting and the Fire consultant recommendations, we endeavor to widen pathways to 1.2 metres and complete works by 07.07.2022

- Utility Services penetrated fire rated walls and ceilings: Response: A fire stopping contractor was contacted the day after inspection. The premises was inspected, areas for fire stopping were identified. We endeavor to have these works complete by 07.07.2022

- Timber enclosure on external pathway: Response: The timber enclosure has been removed and pathway restored to the original size.

- Pinch Point on external pathway too narrow for escape: Response: Fatima Home will construct directional signage on escape routes for ease of passage in an emergency evacuation. We endeavor to complete this by 07.07.2022

- Annual Certificate: Response: Fatima Home has completed the annual certificate and submitted to the inspector.

- No Automatic Door Closer in Clinical room: Response: An automatic door closer has been installed on the clinical room door.

- Assurance was required regarding the extent, size and location of fire compartment boundaries. Response: A full inspection has been arranged for the 14th to the 16th of June with Fatima Homes Fire consultant to determine actual boundary compartments

with a completion date of the report on 22nd June 2022

- Fire Door minor adjustments: Response: Fatima Home will complete a review of the fire doors and complete any adjustments required, We endeavor to complete this by 07.07.2022
- Smoke detector required for store off a dining room: Response: Fatima home has contacted the Fire Alarm Company and works have begun on the installation of the opto smoke detector. We endeavor to have this complete by 2nd June 2022.
- Drill Records were not sufficiently detailed: Response: Fatima Home complete small compartmental evacuations at every fire training session. We endeavor to conduct a full 6 bed compartmental evacuation on 2nd June 2022. We will submit a full report complete with learning outcomes post drill.
- Floor Plan displayed not sufficient. Response: On completion of Fatima Homes Compartmental review with our Fire Consultant, we endeavor to update these to show compartments for phased evacuation.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	02/06/2022
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Not Compliant	Orange	07/07/2022
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	07/07/2022

Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	02/06/2022
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	07/07/2022
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Not Compliant	Orange	07/07/2022
Regulation 28(3)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place in the designated centre.	Substantially Compliant	Yellow	07/07/2022