



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Fairy Hill Nursing Home
Name of provider:	Fairy Hill Nursing Home Limited
Address of centre:	Kennel Hill, Mallow, Cork
Type of inspection:	Unannounced
Date of inspection:	27 August 2024
Centre ID:	OSV-0005681
Fieldwork ID:	MON-0044701

About the designated centre

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

Fairy Hill Nursing home is a designated centre registered to provide care to 22 residents. The centre is a split-level building situated on the outskirts of Mallow town and close to all local amenities. It is set in well-maintained grounds and has an enclosed courtyard with plants and garden furniture for residents' use. Bedroom accommodation includes a mixture of single and twin bedrooms some with en-suite toilet facilities, others with bathrooms in close proximity. Communal accommodation is provided in a choice of two lounges, a conservatory and a bright dining room. The centre provides residential care predominately to people over the age of 65. Twenty four hour nursing care is provided supported by a team of care staff, cleaning and laundry staff. Medical and other healthcare professionals provide ongoing health care for residents in the centre. The centre is owner-managed and the management team strive to provide a person-centred "home from home".

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	20
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 27 August 2024	10:00hrs to 17:45hrs	Mary O'Mahony	Lead

What residents told us and what inspectors observed

The overall feedback from residents and relatives was that Fairy Hill Nursing Home was a nice place to live. Residents were very complimentary about the bright, clean environment and choice of communal rooms. Residents identified staff as being kind and caring and said they enjoyed the activities provided. The inspector spoke or met with the majority of residents during this unannounced inspection and spoke with five residents in more detail. Residents were unanimous in their praise of the staff. Residents expressed that they felt safe in the centre and would feel happy to raise a concern with the owner and the person in charge. Comments such as "I am treated very well" and "I'm very happy with everything" reflected the general feeling of contentment. In addition, four relatives spoken with, praised the communication, the management staff, and the kindness shown by all staff.

On arrival, the inspector attended an introductory meeting, with the assistant person in charge, and later with the person in charge, who came into the centre for the inspection on a rostered day off. Following this, the inspector was accompanied on a walk around the premises. Twenty residents were living in Fairy Hill nursing home, on the day of inspection. On the walkabout the inspector observed some residents walking independently, or being accompanied to and from their bedrooms, and the various communal rooms. Some residents had breakfast in bed and others attended the dining room, for breakfast. Nevertheless, there were some concerns associated with the morning staffing levels at breakfast time, which are addressed under regulation 15: Staffing. A snack trolley was brought around to each person on two occasions each day. Residents said that there was also a selection of drinks and food available in the late evening, before bedtime. Choice was supported in relation to participation in group activities: a number of residents said they enjoyed reading the daily newspapers, going outside, sitting in the conservatory, or meeting with family members, as an alternative.

Residents and staff were seen to converse and interact happily, with a sense of wellbeing and fun created throughout the day. The centre was seen to be homely and nicely decorated. The bedroom accommodation consisted of a mixture of single and twin bedrooms, some with en-suite toilet facilities, others with bathrooms in close proximity. Bedrooms were observed to be decorated with personal items from residents' homes, such as, pictures, personal quilts, books and small items of furniture. Residents said they were content with their rooms and said they had adequate privacy. Staff were seen to knock on bedroom doors before entry, demonstrating respect for each resident's personal space.

Residents were found to be well cared for and they told the inspector that they were happy with their social and medical care. They kept up to date with the news and community activity, through daily newspapers, staff conversation and TV reports. Staff members were seen to organise group and individual social activities throughout the day. Quiz, music, "parachute" games, art, conversations and exercises, were ongoing on the day of inspection. Residents were seen to interact

well with the staff who had developed the activity programme based on residents' preferences and wishes each day. Staff told the inspector that there was great uptake of new technology by residents. On the day of inspection, residents were seen to use their personal phones, computers, i-pads, and also enjoying family visits.

The inspector observed the centre to be clean and spoke with a member of the housekeeping staff, who was aware of the type of products which were recommended for use for the prevention of infection. The centre was generally found to be in a good state of repair and decoration and issues, which required attention on the previous inspection, had been addressed.

Residents were familiar with the inspector and the process of inspection. They showed the inspector some of their personal photographs and discussed their families and life in the centre. They spoke about the residents' meetings which they enjoyed and they said that their choices and wishes were taken into account. Minutes of these were viewed and issues discussed were responded to, with feedback provided at the next meeting. They had a great discussion about recent parties and said that they really enjoyed the food and entertainment provided.

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

Capacity and capability

In Fairy Hill, the governance and management arrangements required by regulation to ensure that the service provided was well resourced, consistent, effectively monitored and safe for residents, were well defined and clearly set out. The management team had been proactive in responding to findings on previous inspections. The inspector saw that the comprehensive audit and management systems set up in the centre ensured that good quality care was delivered to residents. Nevertheless, some improvements were required in the areas of staffing, care planning, fire safety, and maintaining the directory of residents. These are addressed under the relevant regulations.

Fairy Hill Nursing Home was a designated centre for older people operated by Fairy Hill Nursing Home Limited. At operational level, support was provided by a director of the company, representing the provider, who was present in the centre three days a week. The centre was managed by an appropriately qualified person in charge, who was knowledgeable of the responsibilities of the role. She was supported in the delivery of care by an assistant director of nursing, a clinical nurse manager (CNM), nurses and a healthcare team, as well as household and catering staff. Staff told the inspector that they were facilitated to communicate regularly

with management personnel and were aware of their obligations in relation to safeguarding residents.

The information for the annual review of the quality and safety of care for 2023, had been collated. Complaints management and key performance indicators (KPIs, such as falls, restraint and weights) were reviewed and discussed at staff and management meetings. The audit schedule was set out at the beginning of the year. Where action was required for improvement, an action plan was put in place. The registered provider had the required written policies and procedures in place to guide care provision.

The training matrix indicated that staff received training appropriate to their roles. External trainers were employed, to deliver manual handling training, responsive behaviours and fire training. There was evidence that regular management and staff meetings took place, where a range of issues such as infection control, restraints, care needs and risks were discussed. These meetings, and daily handover reports, ensured that information on residents' needs was communicated effectively. Information seen in the daily communication sheets in residents' care plans, provided evidence that relevant information was discussed and documented. Copies of the appropriate standards and regulations were accessible to staff.

Incidents and accidents were recorded, and were notified to the Chief Inspector, as required. Complaints were well managed and documented. A new complaints policy had been developed, in line with the recently amended regulations.

The inspector found that records required by Schedule 2, 3 and 4 of the regulations, were available for review. A sample of staff personnel files seen, were maintained in line with the requirements of the regulations. Vetting disclosures, in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 and 2016, were in place for all staff, prior to commencement of employment. The centre did not act as a pension agent for any resident.

Regulation 15: Staffing

Staffing levels required review:

The inspector observed that additional staff members were required to support the morning care requirements of residents.

On the day of inspection there was one nurse on duty and three health care assistants, to attend to the personal care of 20 residents and support the mealtime experience.

A number of residents required two staff to attend to their care and due to their high needs they required a lot of time, to ensure they were washed, helped to their chairs and supported with their meals.

For example, on the day of inspection the inspector observed eight residents unattended in the dining rooms, after breakfast had finished. Three residents required additional care and requested support from the inspector. The staff were all engaged in supporting other residents to get up and appeared very busy at that time.

Judgment: Substantially compliant

Regulation 19: Directory of residents

There were some gaps in the records required to be maintained in the Directory of Residents:

These included :

- name and address of a number of next of kin
- name of admitting centre, or other
- in some cases the GP name address and phone number had been omitted.

Judgment: Substantially compliant

Regulation 22: Insurance

Evidence was made available that the centre was appropriately insured.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had a defined governance and management structure in place, with clear lines of authority and accountability established.

Monitoring and oversight systems had been developed to ensure the service provided was safe, appropriate, consistent and effectively monitored.

Quality improvement plans reviewed provided evidence that there was an ongoing commitment to enhance the quality and safety of the service provided to residents.

Judgment: Compliant

Regulation 24: Contract for the provision of services

A sample of contracts for residents was reviewed.

These included the residents' room numbers and the fees to be charged to the resident.

Judgment: Compliant

Regulation 31: Notification of incidents

Specified incidents had been notified to the Chief Inspector in accordance with the regulations in a timely manner.

These included falls where a resident was hospitalised, or any sudden death.

Judgment: Compliant

Regulation 4: Written policies and procedures

All the policies required by Schedule 5 of the regulations had been developed and had been updated on a three yearly basis, in line with regulatory requirements.

The infection prevention and control, safeguarding and medicines policies were in place, and were seen to be updated with best evidence-based guidelines.

Judgment: Compliant

Quality and safety

Overall residents in Fairy Hill Nursing Home were found to be supported to enjoy a good quality of life, which was respectful of their wishes and choices. There was timely access to healthcare services and appropriate social interaction. A human rights-based approach to care was seen to be promoted, and residents spoken with said that they felt safe. In general findings on this inspection, demonstrated good compliance with the regulations inspected against. Nonetheless, some action was

required in the following aspects of care, in this section of the report; that is, care planning, food and nutrition and fire safety management.

Residents' health-care needs were met. There was weekly access to the general practitioners (GPs) who were described as, "attentive" by residents. Residents' records contained evidence that a comprehensive assessment was carried out for each resident prior to admission. This was observed to be used in the development of each care plan. A sample of end-of-life care plans were reviewed, which demonstrated that the GP and staff actively engaged with residents, and their families, regarding end-of-life care decisions. Nonetheless, some action was required in the maintenance and audit of care plans, which was highlighted under Regulation 5.

The inspector observed that the registered provider had invested in continuously upgrading the premises, which had a positive impact on residents' quality of life. Painting of the centre had been renewed since the previous inspection. The bed linen and residents' personal clothes, were laundered in the in-house laundry. The centre was observed to be clean and staff were seen to adhere to good hand hygiene practices.

There was, generally, good practice observed in the area of fire safety management within the centre. Certification was available in relation to servicing of fire safety equipment. Fire safety checks were comprehensively documented. Advisory signage was displayed in the event of a fire. Training records indicated that fire evacuation drills were organised, taking into account times when staffing levels were lowest. This meant that staff became familiar with evacuating a number of residents at times of higher risk. Nevertheless, a door, certified as a fire-safe door, was found to not close properly, which created a risk in the event of fire, as addressed under regulation 28.

A safeguarding policy provided guidance to staff in relation to protecting residents from the risk of abuse. Staff demonstrated knowledge of aspects of their safeguarding training, and were aware of their responsibilities to report any allegations of abuse. The provider did not act as pension agent for any residents, and receipts were issued for individual spending, such as hairdressing and chiropody.

Residents' nutrition and hydration needs were met. Systems were in place to ensure residents received a varied and nutritious menu, based on their individual food preferences and dietetic requirements, such as, diabetic or modified diets. The dining experience was seen to be enjoyable and both residents and relatives praised the food, the choice and variety available. However, there was no menu on the tables and the notice board containing the daily food choices, was located too high on the wall and not clearly written, for residents' information and needs. This was addressed under regulation 18, Food and nutrition.

The inspector found that residents were generally free to exercise choice on how they spent their day. Residents were seen to go out with relatives and to be facilitated to go to local scenic areas and the nearby town of Mallow. It was evident

that residents were consulted about the running of the centre, formally, at residents' meetings every three months, and informally through the daily communication with the staff team.

Regulation 13: End of life

End of life care wishes were documented, and relatives were given appropriate opportunities to be with their family members, at this time.

Compassionate visiting was allowed at all times.

A separate folder was maintained with residents' end of life care wishes.

"Thank you" letters and cards were seen to be displayed on notice boards in the centre, contained lovely testimonials about the care and kindness people experienced in Fairy Hill.

Judgment: Compliant

Regulation 17: Premises

The premises was appropriate to the number and needs of residents in the centre and set out in accordance with the statement of purpose.

The premises conformed to the matters set out in Schedule 6 of the regulations.

The communal areas of the centre were bright, spacious and had comfortable and colourful furnishings. Residents had access to an enclosed patio area, with substantial outdoor furniture.

Signage to this area had been improved since the previous inspection, and relatives and residents were encouraged to go outside, when they wished to.

In addition, residents enjoyed using the conservatory at the front of the home which was warm and sunny on the day of inspection.

Judgment: Compliant

Regulation 18: Food and nutrition

Some action was required in this aspect of care:

Improved staffing levels were required in the mornings, to ensure adequate time, attention and support was available to residents while eating and completing their breakfast.

The menu notice board was located high up on the dining room wall and was illegible to residents. In the absence of a menu on each table at meal times some residents were found to be unaware of what choice was on offer.

Judgment: Compliant

Regulation 27: Infection control

Infection control processes were good:

Staff were trained in the prevention and control of infections. They were seen to use the hand gel supplied.

Sluice rooms were clean and hand wash facilities were available.

The housekeeper's room contained a hopper sink and the centre was well supplied with the required chemicals.

The laundry was well managed, with good facilities in place.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Some aspects of care planning required review and audit:

For example, an assessment tool used to underpin care plans in personal care and skin integrity, was not used correctly, in that the score in the completed assessment did not correlate with the residents' condition and medical status at the time of inspection.

This meant that key areas of need were not being identified, in the clinical assessment tool set out to support best evidence-based practice.

A skin assessment chart had not been completed for one person who had developed a pressure sore.

Dates had not been inserted in a number of care plan forms.

Judgment: Substantially compliant

Regulation 6: Health care

The was good access to healthcare services:

Residents had adequate access to medical care and they had local pharmacy and general practitioner (GP) attention. Medical notes were up to date and the GP visited the centre when requested.

The inspector found that other health care professionals such as, the physiotherapist, the palliative care team, the tissue viability nurse (TVN), the dietitian, the chiropodist and the speech and language therapist (SALT), had inputted information in residents' files.

A new specialised wheelchair had been acquired for one resident since the last inspection. The resident was seen to be well supported when sitting, and more comfortable, as the chair could be reclined at intervals.

Advice from these specialised referrals was documented, and actioned for example, from the dietitian, in relation to modified diets and for a resident who had a wound requiring dressings.

Judgment: Compliant

Regulation 8: Protection

The provider had taken all reasonable measures to protect residents from abuse:

Staff attended mandatory training in recognising and preventing abuse and were aware of how to report any allegations or suspicions of abuse.

Residents were aware of their rights, and details of an independent advocacy service was available to them, if they wanted to discuss concerns privately.

The centre did not act as pension agent for any resident.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were happy in the centre and felt their rights were respected and promoted.

Residents informed the inspector that they felt safe in the centre and they attributed this to the staff, many of whom were from the locality and knew residents prior to admission.

Visitors and residents both confirmed that they were treated with dignity and respect by staff.

Residents had access to social outings, hairdresser, chiropody, bingo, outdoor access, physiotherapy sessions, religious services, reflexology, external and internal musicians and personal and family celebrations among others.

A summer party had been held the previous week, which was attended by a large group of residents families and singers and entertainers.

Residents had participated, externally, in the Mallow Arts festival and really enjoyed displaying their art skills, which were on display in the centre also.

Twenty relatives had also attended an 80th birthday party for another resident. They were facilitated to use the conservatory and snacks were served to the group. Balloons and cards were displayed in the resident's bedroom.

Residents said that they could raise concerns about the centre, and they told the inspector that they felt that their opinions would be listened to. An independent advocacy group had visited and had spoken with residents about their role and their availability to them.

A review of minutes of residents' meetings evidenced that, where residents made suggestions for improvement, these were acted upon by staff in the centre.

Activities in general were meaningful and suitable.

Residents' voting rights were respected and facilitated.

Residents praised the accommodation, the staff and the support provided.

Judgment: Compliant

Regulation 28: Fire precautions

Some aspects of fire safety required review:

For example, a door, which was labelled as a 'fire safe' door did not close properly, to ensure that the door would contain fire and smoke for a designated period of time, in line with it's purpose.

The batteries in the "keep open" door holder, at the bottom of one bedroom door, which supported the open function, required changing at the time of inspection.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Substantially compliant
Regulation 19: Directory of residents	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 13: End of life	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant
Regulation 28: Fire precautions	Substantially compliant

Compliance Plan for Fairy Hill Nursing Home OSV-0005681

Inspection ID: MON-0044701

Date of inspection: 27/08/2024

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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: Plan has been made to add additional staff from 7:30am – 1:30pm.	
Regulation 19: Directory of residents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 19: Directory of residents: The Directory has now been updated and has all the details to comply with regulation 19.	
Regulation 5: Individual assessment and care plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan: Individual assessment care plans and skin assessment charts are updated and in place.	

Regulation 28: Fire precautions	Substantially Compliant
<p data-bbox="172 208 1437 320">Outline how you are going to come into compliance with Regulation 28: Fire precautions: Plan in place to have works carried out to ensure door would contain fire and smoke for a designated period of time, in line with it's purpose.</p> <p data-bbox="172 360 1257 394">The batteries in the "keep open" door holder were changed after inspection.</p>	

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 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	30/11/2024
Regulation 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Substantially Compliant	Yellow	12/09/2024
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	30/11/2024
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4	Substantially Compliant	Yellow	01/09/2024

	months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.			
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