



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:	05 November 2024
Centre ID:	OSV-0005681
Fieldwork ID:	MON-0045364

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:	21
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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 5 November 2024	10:00hrs to 16:45hrs	Mary O'Mahony	Lead

What residents told us and what inspectors observed

Overall feedback from residents and relatives was that Fairy Hill Nursing Home was a lovely place, which residents described as "home from home". Residents told the inspector that staff were very kind and were respectful of their wishes and choices. The inspector spoke or met with the majority of residents during this, unannounced, inspection and spoke with six residents in more detail, who were complementary of all aspects of the accommodation and the care provided. Relatives, who were visiting on the day of inspection expressed positive comments about the management staff, communication processes and the welcome they felt, when visiting. One relative told the inspector that they had moved their loved one into Fairy Hill, from a much larger centre. They explained how the homely, more personalised attention suited the resident, who had very high care and communication needs. The relative said that they felt a sense of "reassurance and security", having made the decision to move.

On arrival, the inspector attended an introductory meeting, and was then accompanied on a walk around the premises, with the person in charge. Twenty one residents were accommodated in Fairy Hill nursing home, on the day of inspection. The provider had applied to remove condition four from their registration certificate, to provide for an increase from 21 to 22 residents, as one large single bedroom had been converted to accommodate two residents. During the inspection this room was inspected for suitability for two occupants. On the walkabout, the inspector, initially, visited the dining room, to follow up on concerns from the previous inspection. There was a convivial and happy atmosphere palpable amongst the 11 residents, who were finishing their breakfasts. Improved staff involvement and oversight was now in place at meal times, to address issues found on the previous inspection. By way of example, since the last inspection the breakfast experience for residents had been greatly enhanced by the addition of the extra staff member, who was charged with overseeing breakfast in the dining room, and ensuring that residents were attended to promptly. This meant that residents felt more "supported" and they said they were not spending long periods of time in the dining room after meals, unless by choice. One resident told the inspector that there had been "an early morning sing-song" with the staff member, while waiting for breakfast to be served. Another resident told the inspector that the "porridge was hot and tasty". Choice was also supported in relation to participation in group activities, as follows: a number of residents said they enjoyed reading the papers, knitting, sitting in the front conservatory, or meeting with visitors, as an alternative to the group setting. Daily menu cards were now in place, to support memory and discussion about preferred choices.

Bedroom accommodation consisted of single and twin rooms, some with en-suite toilet facilities, others with bathrooms in close proximity. Bedrooms were observed to be personalised and residents said they had privacy and sufficient room for their preferred personal items. The centre was generally found to be in a good state of repair, and there was weekly attention to decor and maintenance issues, for

example, an additional en suite toilet and wash hand basin had been installed, in the aforementioned, newly reconfigured and newly decorated twin bedroom. This meant that the two occupants of the bedroom would benefit from the additional convenience of access to the facilities, without having to leave their bedroom, particularly at night time. Residents were observed to be well dressed and well groomed. They told the inspector that they were happy with the care support available to them, and with the quality of the social and medical care. They said that they experienced many incidences of "kindness" and "respect", from staff.

The inspector saw that each day's activities were written on a notice board, in the sitting room. A large TV, radios, papers, visitors, staff conversations, mobile phones and other technology, ensured that residents engaged fully with the community, family, staff and visitors. Staff members were in charge of organising group and individual social interactions each day. These included music sessions, "parachute" games, bingo, art, conversations and exercises. A number of these were seen to be facilitated during the day, with residents playing an active part in the sessions. They were observed to particularly enjoy the parachute game, which generated laughter, ingenuity and significant movement. Staff explained that the game was designed to encourage movement in a fun manner, which was more attractive for some residents, in comparison to a more structured session with the physiotherapist. Staff said, however, that both sessions complemented each other. Residents were seen to interact well with the staff, who had developed the programme based on residents' preferences.

Residents were familiar with the process of inspection. They discussed their experiences about life in the centre. A number said that they participated in the residents' meetings, where they could express their preferences. Minutes of these were viewed and issues discussed were seen to be responded to, with feedback provided at the next meeting. Resident said they felt safe in the centre, they praised the food selection and the entertainment.

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

This was an unannounced inspection, conducted by an inspector of social services, to assess ongoing compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The provider had applied to remove condition four of the registration, which had restricted the occupancy of one specific bedroom to one resident, for a period of time. This room was now reconfigured for two residents, and the purpose of the inspection was to evaluate the suitability and measurements of the new room, to

ensure that it conformed with the regulations. The provider pointed out that a new en suite toilet and wash hand basin had been added, and the room had been fully redecorated. There was adequate privacy for two residents in the room. Overall, findings of this inspection were that this nursing home was a well managed designated centre, where residents received a good standard of care, from staff who were responsive to their needs. Nevertheless, some improvements were required in the areas such as, the statement of purpose, care planning, fire safety, and premises. These are addressed under the relevant regulations, in this report.

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. maintenance 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.

There was evidence of good communication processes in place, which included daily handover reports and regular meetings with all groups of staff. Comprehensive systems had been implemented to monitor the service, including the regulatory, annual review of the quality and safety of care and a schedule of audits for the year. Audit was being undertaken in areas such as, infection control, person-centred care, documentation, antimicrobial stewardship, and medication management. Key performance indicators (KPIs) were being monitored, in areas such as wounds, infections, restraint, falls, complaints and dependency levels. Documentation in relation to these were reviewed by the inspector.

On the day of inspection staffing numbers and skill mix of staff appeared appropriate to meet the needs of residents. The person in charge stated that staff had received additional mentoring on supervision, which had addressed issues identified on the previous inspection, especially around care planning and care at breakfast time. The inspector viewed the staff training matrix, which confirmed that staff had attended training for their respective roles, such as fire safety, manual handling, nutrition, end of life and the prevention of abuse. Staff confirmed attendance at this training and practices observed indicated that staff understood the training. For example, appropriate equipment was seen to be used to support the movement of relevant residents and some residents were seen to be assisted with their meals in a careful and suitable manner,

The inspector found that records and additional documents required by Schedule 2, 3 and 4 of the regulations, were available for inspection purposes. A sample of staff personnel files reviewed were maintained, in line with the requirements of the regulations. Vetting clearance certificates were in place for all staff, prior to commencement of employment. There was a complaints management system in place which conformed with the updated regulatory requirements.

Regulation 14: Persons in charge

The person in charge fulfilled the requirements of the regulations.

They were also one of the owners of the centre, a registered nurse, working full time in the post and they had the necessary experience and qualifications.

They were supernumerary to the nursing staff and actively engaged in the governance and operational management of the service.

Judgment: Compliant

Regulation 15: Staffing

Staffing levels met the needs of residents, currently residing in the centre.

Issues relating to staffing, identified on the previous inspection, had been addressed.

The skill mix on duty was appropriate and registered nurses were on duty, over the 24 hour period.

Judgment: Compliant

Regulation 21: Records

Records were well maintained:

The requirements of the regulations had been updated in the directory of residents, since the previous inspection.

Daily nursing notes were maintained for residents.

Judgment: Compliant

Regulation 23: Governance and management

The governance and management systems were well established:

- There was a good audit system in place with action plans set out.
- The staff roster was accurate, according to discussions with staff and management.
- There were systems in place to ensure that the centre was safe, consistent and effectively monitored.
- The annual review had been completed.
- Staff meetings were held and mandatory training was undertaken by staff.
- The mandatory notifications were submitted to the Chief Inspector.
- The policies required by regulation were up to date, and they were seen to be based on best evidence-based practice.

Judgment: Compliant

Regulation 3: Statement of purpose

This key document required revision, to ensure the requirements of regulation were met.

For example, the measurements of some bedrooms required small amendments, to ensure that the information in the statement of purpose was accurate and was correlated with the floor plans, submitted for registration.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

Complaints were recorded and well managed.

The complaints policy had been updated with the amended regulations, which included time lines for resolution and outlined the review processes.

Judgment: Compliant

Quality and safety

Overall, residents in Fairy Hill Nursing Home were seen to be supported to have a good quality of life, which was respectful of their wishes and preferences. There was timely access to an attentive healthcare service and appropriate social engagement,

with an ethos of respect demonstrated by staff, on the day of inspection. A human rights-based approach to care was seen to be promoted, and residents spoken with said that they were well treated and supported. Residents were complimentary about the management and staff and said that they had a good relationship with them. This was evidenced by the kind and respectful interactions observed throughout the day. Since the previous inspection there had been improvements to the premises, the meal time experience and staffing. Nevertheless, additional action was required in fire safety, premises and care plans, in this aspect of the report.

Residents had access to good medical and nursing care. The general practitioners (GP) were described by residents as "attentive" and "very good". Residents' assessments were undertaken using a variety of validated tools, and care plans were developed based on the assessments. A sample of care plans, viewed by the inspector, were updated four monthly, in line with regulations. However, some aspects of care planning, requiring action, were outlined under regulation 5.

The centre was nicely decorated overall, with colourful pictures and good quality furniture. Spacious communal rooms were available for residents' use, including a large visitors' room which was used for daily visits, residents' relaxation and personal events with family, such as birthdays and anniversaries. Residents' bedrooms were spacious with plenty storage for their belongings. Wardrobes were maintained in a tidy manner, which indicated respect for residents' belongings. There was an updated infection control policy in place, and staff said they had received appropriate training in infection prevention and control. This was evidenced by reviewing the training matrix, observing practice and speaking with staff. Some issues, requiring action related to the premises, were described under regulation 17.

Residents' nutrition and hydration needs were met. Home baked desserts and cakes were a daily feature of mealtimes. Systems were in place, to ensure residents received a varied and nutritious menu, and dietetic requirements such as, gluten free diet or modified diets were accommodated. Residents' nutritional status was assessed monthly, weights were recorded and a dietitian was consulted, where necessary.

Signage to guide staff on evacuation routes was on display, in a number of locations throughout the centre. Each resident had a personal emergency evacuation plan (PEEPs), which was located inside residents' wardrobes, for ease of access. Evacuation sheets were available on residents' beds, and these were seen to be secured underneath the mattress. The fire detection and alarm systems and emergency lighting servicing, were completed at recommended intervals. Daily, weekly and three monthly checks had been completed. Fire drills were being carried out, however similar to findings on the last inspection, a recent fire evacuation drill, of the largest compartment, had not taken place in recent months. Findings, in relation to fire safety management, were described under regulation: 28.

The registered provider had developed an up-to-date policy on managing responsive behaviour. Overall, there was a person-centred approach to managing these behaviours, (how people with dementia or other conditions may communicate or

express their physical discomfort, or discomfort with their social or physical environment), in the care plans seen.

Independent advocacy services were available to residents, and the contact details for these were displayed on notice boards. Residents religious rights were respected and mass was said monthly. Life story information was on file for each resident, containing details of residents' preferences and interests. A physiotherapist attended the centre every week, to do exercises with residents and provide physiotherapy expertise. Chair exercises were facilitated, as well as complementary therapies, such as reflexology, art, and weekly visits from external musicians.

Regulation 10: Communication difficulties

Communication was enabled and encouraged for those with challenges:

Colourful picture booklets were available, to aid a number of residents in choosing a meal.

Strategies had been developed, to enable staff to communicate with non-verbal residents, based on staff members' knowledge of residents' likes and dislikes, as well as life history information.

Music and other sensory activity sessions were available, and staff explained how these activities stimulated interaction.

Judgment: Compliant

Regulation 11: Visits

Residents were facilitated to welcome visitors whenever they wished:

There were a number of areas where visitors could sit and visit with residents in private, in addition to their bedrooms.

Relatives were seen to come and go from early morning, and residents said that there was good access to relatives, to family celebrations and to outings with family.

Judgment: Compliant

Regulation 17: Premises

Certain aspects of the premises did not fully conform with the requirements of Schedule 6 of the regulations:

Some areas of the wall paint and woodwork required repainting, due to the movement of large chairs, wheelchairs and resident movement hoists.

There was musty smell noted in one en suite shower

A toilet seat required replacing.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Action was required to ensure full compliance with the regulations on fire safety:

More frequent fire evacuation drills were required, particularly simulating night time conditions and staffing levels, and involving the largest compartment. This would ensure that staff became very familiar with the process of safe evacuation, at times of highest risk.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

In a sample of medicine records reviewed, good practice was evident for the aspects outlined, as follows:

- Staff signed for medicines administered.
- The pharmacy carried out audits.
- Medicines were reviewed by the GP.
- Unused medicines were returned to pharmacy.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Similar to findings on the last inspection, some aspects of care planning required review, in the sample seen by the inspector.

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 fully correlate with the resident's updated condition.

This meant that key areas of need may not being correctly identified, as this was the clinical assessment tool set out to underpin care plans.

One skin assessment record had not been completed and dated on admission, for a relevant resident.

A pain scale chart had not been utilised, for a resident who had a history of pain: these assessment charts aid the evaluation of pain and, consequently, inform the type, or dose, of analgesia required.

Judgment: Substantially compliant

Regulation 6: Health care

Residents were facilitated to access a range of healthcare services:

Residents had adequate access to medical care and they had pharmacy and general practitioner (GP) access.

Medical record entries evidenced that the GP visited residents in the nursing home regularly.

The inspector saw evidence that 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), attended when required.

The person in charge explained how a high level of nursing care was employed to support a recent admission, who had a number of physical challenges, requiring intensive nursing care initially, to ensure improvement. The result of this attention was that the family were emotional in expressing their thanks to staff, and the resident's pain and quality of life had improved incrementally.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Staff were knowledgeable of how to manage responsive behaviour:

Staff were trained in the management of the behaviour and psychological symptoms of dementia (BPSD).

Care plans for relevant residents were comprehensive and informative.

Judgment: Compliant

Regulation 9: Residents' rights

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

Residents reported that they felt safe, and at home, in the centre and they attributed this to the staff, many of whom had been working in the centre for a number of years. A group of staff members were known to individual residents, and these had an in-depth understanding of residents' previous lives, home places and interests.

Every staff member in the centre had completed the HIQA (Health Information and Quality Authority) modules, on developing and promoting "A Human Rights-Based approach" to care.

Visitors and residents both confirmed that they were treated with dignity and respect, by the management staff and wider staff group.

Residents had access to social outings, chair based exercises, art and craft, bingo, religious services, external musicians and celebrations with family. The Mallow town community bus was accessed weekly, and a wheelchair accessible jeep was also available in the centre, for larger social outings.

One resident had a personal fridge in the bedroom, at their request. They informed the inspector that they used this for yogurts and cool drinks, which were seen in the fridge, on the day of inspection.

A resident had requested a large screen TV, and this was being installed, in their bedroom, on the day of inspection.

Residents felt that they could raise concerns about the centre, and they told the inspector that they felt that their opinion would be listened to. A review of the minutes of residents' meetings evidenced that, where residents made suggestions for improvement, these were acted upon by staff.

Activities, in general, were meaningful to them and they praised the accommodation, the staff and the support available in the centre.

Judgment: 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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Fairy Hill Nursing Home OSV-0005681

Inspection ID: MON-0045364

Date of inspection: 05/11/2024

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 3: Statement of purpose	Substantially Compliant
Outline how you are going to come into compliance with Regulation 3: Statement of purpose: The statement of purpose is now updated according to the floor plan.(completed 15/11/2024)	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: All the maintenance work will be completed by 31/01/2025	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: Fire drill will be conducted during night times as well, commencing from 01/03/25	

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: Completed on 01/12/2024	

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 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/01/2025
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	01/02/2025
Regulation 03(2)	The registered provider shall review and revise	Substantially Compliant	Yellow	15/11/2024

	the statement of purpose at intervals of not less than one year.			
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 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.	Substantially Compliant	Yellow	01/12/2024