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:	Fairlawns Nursing Home
Name of provider:	Fairlawns Nursing Home Limited
Address of centre:	Cavan Road, Bailieborough, Cavan
Type of inspection:	Unannounced
Date of inspection:	22 May 2026
Centre ID:	OSV-0000136
Fieldwork ID:	MON-0049286

About the designated centre

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

The designated centre provides 24 hour nursing care to 37 residents, male and female who require long-term and short-term care (assessment, rehabilitation convalescence and respite). The centre is a single story building. Communal facilities and residents' bedroom accommodation which consists of a mixture of single and twin bedrooms are laid out around an internal courtyard. The philosophy of care is to provide good quality individual care to residents requiring residential service.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	33

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
Friday 22 May 2026	08:45hrs to 16:45hrs	Sandra Rowland	Lead

What residents told us and what inspectors observed

Overall, residents living in Fairlawns Nursing home appeared happy and content. During the inspection, the inspector met with many residents to gain insight into their lived experience. Residents informed the inspector that; 'It's my home, I love it here', 'It's a wonderful place to be', 'staff are good and I'm very happy'. Some residents spoke about the food provided in the centre; 'food is nice, I have no concerns with my meals', 'Happy with the food' and 'food could be better'. When asked about how they spend their day, residents stated; 'there is usually enough to do'. In contrast some residents noted that 'mornings are very quiet up until after lunch' and 'I find it boring; I'd like to do gardening'.

On arrival at the centre, the inspector met with the person in charge. A walk around of the centre was conducted to observe the morning schedule and monitor care practices in the centre. An introductory meeting was then completed with the person in charge and the registered provider representative.

Fairlawns Nursing Home is a single-story nursing home on the outskirts of Bailieborough, Co. Cavan. The centre can accommodate 37 residents. There were 33 residents living in the centre on the day of the inspection.

The centre was busy on the morning of the inspection. Residents were going about their usual morning routines. Staff were supporting residents and attending to their needs in a respectful and attentive manner. Some residents were up, and they were sitting in the sitting room and the dining room. There were also some residents who indicated a preference to remain in their own rooms throughout the day.

Residents' accommodation comprised of a mix of single and twin-occupancy bedrooms. Seven twin bedrooms in the centre had been reconfigured to promote residents' dignity and privacy. There were communal areas for residents, which included a sitting room, an activities room, a conservatory and an oratory. However, the oratory was not accessible for residents on the day of the inspection. This is discussed under Regulation 17: Premises.

The centre was decorated with residents' artwork and memorabilia. Residents' bedrooms were personalised with items of their preference. The inspector observed that residents were aware of the schedule of activities that was available for the day, and some residents opted to engage in independent activities in their individual bedrooms and in the communal areas. The activities coordinator was familiar with residents' preferences and how they liked to spend their day and the activities they enjoyed.

There was an enclosed outdoor garden which was well maintained. It had seating areas and flower boxes. The inspector observed that the centre was clean and tidy. The layout of the centre supported residents who liked to spend time walking

indoors. There were decorative items in some of the hallways in the centre to pique residents' interest and engagement.

The dining room was homely and appropriately laid out to support a social mealtime environment. The inspector spoke with catering staff, and they appeared to be knowledgeable on residents' preferences for meals; however, this information was not available in all residents' care plans. In addition, there was no evidence that meals were fortified for residents who were losing weight. This is discussed under Regulation 5: Individual assessment and care planning.

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. The levels of compliance are detailed under the individual regulations.

Capacity and capability

This was an unannounced one-day inspection to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 to 2025 (as amended). The inspector also followed up on outstanding information relating to the solicited notifications.

Overall, this inspection found that while residents were content with the service they were receiving, further oversight was required to ensure that monitoring systems established in the centre ensured that the care provided to residents was evidence-based and that residents' care and welfare needs were met. The registered provider is Fairlawns Nursing Home Limited. The centre had a clearly defined management structure in place with clear lines of accountability and authority.

The person in charge has been employed in the position since 2019 and works full-time in the centre. They were supported by a clinical nurse manager, registered nurses, catering staff, healthcare assistants, an activities coordinator, housekeeping staff, maintenance and administration. The registered provider representative was also available in the centre daily to support the person in charge.

Staff in the centre were up to date with the mandatory training required. While staff had completed online training on safeguarding, further provisions were required in the centre to ensure that staff had a working knowledge of safeguarding. The inspector spoke with many staff members and found that there were gaps evident for some staff members. This posed a risk that staff may not have the ability to recognise safeguarding concerns and support residents to ensure their rights are always upheld in the centre. In addition, the policy on safeguarding had not been updated within the three-year review period. The remaining policies required under

Schedule 5 of the regulations were available and reviewed within the required timeframe.

Although there were governance systems in place in the centre, these arrangements were not effective to ensure sufficient oversight in the daily operations of the centre, which impacted on the quality of the care received by residents who lived there. The inspector found that whilst the centre had provided residents with surveys to gather their feedback, the annual review for the centre for 2025 was not finalised and there was no quality improvement plan for the centre for 2026.

A schedule of audits was in place in the centre; however, actions were not identified when required. Where actions were identified, they did not have a time-bound action plan to address the findings. In addition, oversight systems in place to ensure care plans were person-centred and reflected residents' needs were not effective in the centre. Care plan audits were also not effective as they did not capture the findings of the inspection.

There were no records of staff meetings available in the centre since 2023. This impacted on staff having the opportunity to discuss the core concepts of the centre, to raise concerns about the quality and safety of the care and support provided to residents. Furthermore, this impacted on the opportunity for management to relay pertinent information to staff that impacted on their roles and responsibilities and to relay information to staff to guide quality improvements in the centre. In addition, there were significant gaps in the records of resident meetings and governance and management meetings in the centre.

All nurses employed in the centre on the day of the inspection had current Nursing and Midwifery Board of Ireland registration for 2026.

The following two sections of the report present the findings of this inspection regarding the centre's governance and management arrangements and how these arrangements impacted on the quality and safety of the service being delivered.

Regulation 15: Staffing

This inspection found that there were sufficient staffing numbers with the required skills to support the current residents in the centre.

Judgment: Compliant

Regulation 16: Training and staff development

Some staff members' understanding of safeguarding required further attention to ensure all staff understood their role in protecting residents' rights and possessed the ability to recognise safeguarding concerns.

Supervision arrangements did not ensure that care plans were conducted effectively in a person-centred way.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The directory of residents was available in the centre, and it contained all the required information as set out under Schedule 3 of the regulations.

Judgment: Compliant

Regulation 23: Governance and management

Further actions were required to ensure effective governance and management systems. This was evidenced by:

- Completed audits did not have a time-bound action plan to address the findings. Care plan audits were not effective as they did not capture the findings of the inspection.
- Oversight systems in place to ensure care plans were person-centred and reflected residents' needs were not effective in the centre. The findings in relation to care plan audits are a repeated finding from the inspection in the centre in September 2024.
- The annual review for the centre was not finalised, and there was no quality improvement plan in place.
- There were no records of staff meetings in the centre since 2023. Furthermore, there were significant gaps in the records of resident meetings, and governance and management meetings in the centre.

Judgment: Not compliant

Regulation 34: Complaints procedure

Residents informed the inspector what they would do if they had a complaint or a concern. Staff were also aware of the steps they should take if residents informed them of a complaint.

Judgment: Compliant

Regulation 4: Written policies and procedures

The policy on safeguarding had not been updated within the three-year review period.

Judgment: Substantially compliant

Quality and safety

This inspection found that overall, further oversight and strengthening of governance systems were required to ensure that residents were supported to live well in the centre. Whilst many of the residents stated that they were generally content. Shortcomings in the provision of services were noted in relation to effective care planning, assessment, nutritional supports and the management of skin integrity concerns. This impacted on the quality and consistency of the care that residents received.

Care plans in the centre were not person-centred. There was a task-orientated nature to care plans, and overall, they contained minimal amounts of information. Residents with skin integrity concerns did not have a care plan that set out the interventions and care guidance in place to reduce the risk of progression. Many residents who were prescribed nutritional supplements due to weight loss did not have this information listed in their care plans. Moreover, there was limited information about residents' dietary preferences or needs to assist staff in providing options that residents enjoyed, which could help support weight gain. There was also insufficient information in the care plans to guide staff on meal fortification for residents who were losing weight.

There was minimal information available on how residents liked to spend their day, their daily routines, and the time they would like to get up or go to bed. This reflected what residents informed the inspector on the day of the inspection, some residents informed the inspector that 'there was no choice when they got up in the morning'. There was also limited information on residents' social care needs. Assessments or other information-seeking approaches to capture residents' needs for meaningful activities were also not available in the centre.

Guidance received from health and social care professionals at recent reviews had not been included in the residents' care plans. In addition, residents who were using restrictive practices, such as side rails, did not have sufficient information in their care plans to guide staff on the safety measures required to ensure the safety of the resident.

Residents had access to health and social care professionals in the centre; such as general practitioners, speech and language therapist, dietitian, tissue viability specialist, occupational therapist, psychiatry of older age and palliative care services. In addition, reviews for dental care, hearing, and vision were available in the centre. However, some dietitian and tissue viability reviews were conducted online, which negatively impacted on the residents' right to be afforded the opportunity to discuss their individual care needs.

This inspection also found that there were significant gaps in the recording of residents' meetings in the centre. Only three residents' meeting records were available between January 2025 and the date of inspection. These took place on 13 March 2025, 17 July 2025 and 24 March 2026. This did not allow residents to have the opportunity to discuss the overall operation and core concepts of the centre, which impacted on their daily lives.

Residents told the inspector that they felt safe in the centre. They listed staff members they would speak with if they had any concerns. The provider had implemented systems to protect residents from abuse. However, further supervision was required to ensure that all staff were aware of safeguarding and their role in safeguarding residents' rights. The centre was not operating as a pension agent for any residents on the day of the inspection.

Regulation 17: Premises

Residents did not have free access to the oratory in the centre. The room was locked and was being used as a storage area. This impacted on residents' choice to practice their religion.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

There were adequate numbers of staff available to support residents with their meals. The menu set out options at each meal for residents to choose from. Catering staff confirmed that additional options were available for residents if required. There was fresh drinking water made available each day.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

A large selection of care plans was reviewed in the centre. Further action was required to ensure that assessments and care plans were comprehensive and person centred. This was evidenced by the following findings:

- There was a task-orientated nature to care plans, with limited evidence of residents' involvement.
- Residents with skin integrity concerns did not have a care plan that reflected these concerns and set out guidance to reduce the risk of pressure sores or other skin-related issues.
- Care plans for many residents who were losing weight did not provide sufficient information to guide staff in interventions that may support an increase in weight for these residents.
- There was minimal information available on how residents liked to spend their days, their daily routines, and their preferences for the time they wished to get up in the morning and go to bed. This impacted on the staff's knowledge of how to support each resident with their preferred daily routine.
- There was limited information on residents' social care needs. This impacted on staff having the guidance to provide meaningful social activities that corresponded with the residents' capacities and capabilities.
- Guidance received at recent reviews from health and social care professionals, such as the dietitian and tissue viability nurse specialist, had not been included in the residents' care plans.
- Residents who were using side rails and other restrictive practices in the centre did not have sufficient information in their care plans regarding the safety measures required to ensure their safety while using these practices.
- Findings in this inspection relating to care plans for restrictive practices and skin integrity concerns are repeated findings from the inspection carried out in the centre in September 2024.

Judgment: Not compliant

Regulation 6: Health care

Residents had access to general practitioner services in the centre. There was also access to other health and social care professionals such as speech and language therapist, dietitian, tissue viability specialist, occupational therapist, psychiatry of older age and palliative care services. In addition, reviews for dental care, hearing, and vision were available in the centre.

Judgment: Compliant

Regulation 8: Protection

There were systems in place in the centre to support the protection of residents from abuse.

Judgment: Compliant

Regulation 9: Residents' rights

This inspection found that there were further developments required to ensure that residents' rights were protected in the centre. This was evidence by;

- Insufficient opportunities for residents to discuss core concepts relating to the operation of the centre which impacted their lives.
- Reviews conducted by dietitian and tissue viability nurse specialist were completed online. This did not allow residents the opportunity to discuss their care.

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	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Fairlawns Nursing Home OSV-0000136

Inspection ID: MON-0049286

Date of inspection: 22/05/2026

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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: All staff will attend Safeguarding workshops and complete a safeguarding competency. To be completed by 15th September 2026. Staff have been made aware that it is their responsibility to document in a person - centred way as per regulation. The PIC is also having 1 to 1 meetings with staff nurses where care plans are falling below expectations, audits with a time-bound action plan will continue to be carried out with quality improvement plans. To be completed by 1st October 2026.	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Audits carried out now include a time-bound action plan to address findings. Completed . Staff have been made aware that it is their responsibility to document in a person - centred way as per regulation. The PIC is also having 1 to 1 meetings with staff nurses where care plans are falling below expectations, audits with a time-bound action plan will continue to be carried out with quality improvement plans. Staff meetings are held at quarterly intervals. Meeting scheduled for 29th July 2026 held	

as planned. Next meeting scheduled for 4th November 2026.
Resident meetings are held at quarterly intervals; the PIC will ensure that all recordings and attendance is kept in the office. Resident meeting 28th July 26 held as planned, next meeting scheduled for 20th October 2026. Governance and management meetings are held every month.
The Annual review for 2025 is available with quality improvement plans for 2026.

Regulation 4: Written policies and procedures	Substantially Compliant

Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:
Safeguarding policy was updated – complete 27.05.2026

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
The oratory is now available for all residents. Completed 29.05.2026

Regulation 5: Individual assessment and care plan	Not Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
Nurses have now been asked to develop person-centred care plans using a social model of care and to actively involve residents in the assessments, incorporate the residents' personal preferences and evaluate the care plan collaboratively.
Residents with skin integrity concerns will have this reflected and updated in care plans incorporating the guidance as advised by TVN specialists.
Residents who have lost weight or are on supplements as advised by GP/ Dietician will have specific information on the fortification of meals and preferred supplements included in their care plan. All residents under the care of a dietician will be reviewed by a dietician in person and the guidance included in the care plan.

All residents have PALS assessments completed by the activities- coordinator and this detail will be included in the social care needs care plan which identifies the residents' preferred activities and social care needs
All nurses have a specific allocation of residents and the PIC and CNM will audit all updated care plans with Quality improvement plans to be given back to the nurses to ensure the care plans are completed to an acceptable standard. Nurses will be given individual feedback in regards to their documentation of care plans and followed up to ensure they are personalised and detailed enough.
The Resident's restrictive practice profile is now incorporated into the residents care plan including safety checks when in use.

Regulation 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
Residents meetings are held quarterly, the next meeting is planned for 28th July 2026
The meeting attendees and minutes will be kept on file in the office. It is welcomed that the Fairlawns resident representative will be actively involved in it.
Tissue Viability referrals are completed online and a TVN now attends the nursing home to review all residents. Completed.
The Dietician referrals are made online and the dietician will come out to the centre and review all residents under dietician care. Those who are under continued dietician care will be reviewed as the dietician advises.

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	15/09/2026
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	01/10/2026
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Substantially Compliant	Yellow	29/05/2026
Regulation 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure	Not Compliant	Orange	31/07/2026

	that the service provided is safe, appropriate, consistent and effectively monitored.			
Regulation 23(1)(e)	The registered provider shall ensure that there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.	Not Compliant	Orange	31/07/2026
Regulation 23(1)(f)	The registered provider shall ensure that the review referred to in subparagraph (e) is prepared in consultation with residents and their families.	Not Compliant	Orange	31/07/2026
Regulation 23(1)(g)	The registered provider shall ensure that a copy of the review referred to in subparagraph (e) is made available to residents and, if requested, to the Chief Inspector.	Not Compliant	Orange	31/07/2026
Regulation 23(1)(h)	The registered provider shall ensure that a quality	Not Compliant	Orange	31/07/2026

	improvement plan is developed and implemented to address issues highlighted by the review referred to in subparagraph (e).			
Regulation 23(2)	The registered provider shall ensure that effective arrangements are in place to facilitate staff to raise concerns about the quality and safety of the care and support provided to residents.	Not Compliant	Orange	29/07/2026
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	27/05/2026
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the	Not Compliant	Orange	01/10/2026

	designated centre concerned.			
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.	Not Compliant	Orange	01/10/2026
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Not Compliant	Orange	30/07/2026
Regulation 9(3)(d)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may be consulted about and participate in the organisation of the designated centre concerned.	Not Compliant	Orange	30/07/2026