



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

Issued by the Chief Inspector

Name of designated centre:	Fairfield Nursing Home
Name of provider:	Fairfield Nursing Home Limited
Address of centre:	Quarry Road, Drimoleague, Cork
Type of inspection:	Unannounced
Date of inspection:	26 January 2023
Centre ID:	OSV-0000227
Fieldwork ID:	MON-0037726

About the designated centre

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

Fairfield Nursing Home is a purpose built, single storey facility situated approximately one kilometre from Drimoleague. Resident accommodation comprises 39 single bedrooms and five twin bedrooms. For operational purposes the centre is divided into three sections, namely Dromusta House, which accommodates 17 residents, Rockmount House, which accommodates 16 residents and Deelish House, which also accommodates 16 residents. The centre is situated on well maintained, landscaped grounds that contain a water feature to the front of the building and adequate parking for visitors. Residents also have access to an internal, well maintained patio area, which is enclosed and can be accessed safely by both visitors and residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	45
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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
Thursday 26 January 2023	09:50hrs to 17:15hrs	Siobhan Bourke	Lead

What residents told us and what inspectors observed

Residents living in Fairfield Nursing home were supported to have a good quality of life by kind and competent staff. The inspector met with many of the 45 residents living in the centre and met with relatives who were visiting residents on the day of inspection. Residents and relatives told the inspector they were very satisfied with the standard of care and services provided. One resident told the inspector that living in the centre "was just like coming home" while another said that they "didn't have the words to praise staff enough."

On arrival, the person in charge guided the inspector through the centre's infection prevention and control procedures before entering the building. Following an initial meeting, the person in charge accompanied the inspector on a walk around of the centre. The centre was warm throughout and there was a relaxed and friendly atmosphere. During the walk around, the inspector saw that corridors were a hive of activity where staff were attending to residents' personal care for the residents still in bed. The inspectors observed that many of residents were up and sitting in the day rooms or the reception area, having a leisurely breakfast or walking around the centre. It was evident to the inspector that the person in charge was well known to residents as they greeted her warmly during the walk around and that she was knowledgeable regarding the residents care needs.

Fairfield Nursing Home is a single storey building, located near Drimoleague in West Cork and is registered to accommodate 49 residents. The centre is divided into three units or houses, Dromusta House, Rockmount House and Deelish House. The centre provides care for residents with varying degrees of cognitive impairment with each house providing different levels of care depending on residents' needs. There were 39 single rooms and five twin rooms in the centre. All twin rooms and 28 single rooms had en suite toilet, shower and hand wash sink. Eleven single rooms had en suite toilet and hand wash sink facilities.

The centre was clean and bright throughout. The centre's corridors had been recently painted with warm colours that gave the centre a homely feel. Residents' bedrooms were personalised with their own possessions, photographs and personal belongings. Bedrooms had plenty storage for residents belongings. The inspector saw that enclosed cupboards for residents' toiletries had been fitted in the shared bedrooms and privacy curtains had been adjusted since the last inspection. The centre is operated on a homely household model of care with staff assigned to each house. Each house had plenty homely communal spaces and each had a dining/living room with a kitchenette as part of each room. The centre also had a sitting room and plenty seating near the main reception, where a number of residents sat and rested together during the day.

The centre had a well maintained enclosed outdoor garden with seating and raised beds that residents could easily access from the communal spaces. The front of the centre also had outdoor seating and a well maintained ornate water feature where

residents could also sit with their relatives if the weather permitted.

The inspector saw that residents had their choices respected in relation to their food choices and where to eat their meals. There was a choice of food for breakfast including cereals, brown bread, eggs and smoothies which residents seemed to enjoy. The inspector observed the lunch time meal. There was a choice of two courses for the lunchtime meal and residents were very complimentary about the homemade soup that was freshly prepared in the centre. The lunch time meals appeared wholesome and nutritious and texture modified diets were well presented. The inspector saw that residents appeared to enjoy the homemade desserts available after lunch. All three dining rooms had kitchenettes as part of the room and staff could make residents hot and cold drinks when they wanted them. The inspector saw one of the residents wash up their delph and cutlery after eating their meal just like they would at home.

Visitors were seen coming and going throughout the day of the inspection. Relatives that spoke with the inspector were complimentary about the care given to their relative in the centre.

The inspector observed that staff engaged with residents in a respectful and kind manner throughout the inspection. Residents who spoke with the inspector confirmed that they had choice over their daily routine, including when to get up in the morning, the clothes to wear and whether or not they wished to partake in the day's activities. Those residents who could not communicate their needs appeared comfortable and content. Residents appeared well dressed and groomed in their own personalised styles. Residents told the inspector they were listened to by staff and that staff were good to them. For example, in the morning, one resident was enjoying a plate of their favourite biscuits with a cup of tea and told the inspector that a staff member had brought them. Care staff in each house provided both one-to-one and group activities that met residents' needs and abilities. The inspector saw a carer lead a reminiscence session in one house while residents and care staff participated in an arts and crafts session to make St. Valentine's Day decorations in another. Newspapers were available to residents who wished to read them and residents had access to televisions and radios as needed.

The next two sections of this report will present findings in relation to governance and management in the centre, and how this impacts on the quality and safety of the service being delivered.

Capacity and capability

This was an unannounced inspection to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older people) Regulations 2013, and to follow up on the findings of the previous inspection of June 2022.

The inspector found that the governance and management arrangements required by regulation to ensure that the service provided was resourced, consistent, effectively monitored and safe for residents, were set out and the inspector found that there had been a number of improvements since the previous inspection. However some improvements were required which are outlined under the quality and safety section of this report.

The centre was owned and operated by Fairfield Nursing Home Limited who is the registered provider. The company has two directors, one of whom represented the provider and attended the centre on a regular basis. The centre had a full time person in charge in position and was supported in her role by three clinical nurse managers, a team of nursing staff, care staff, housekeeping, catering and maintenance staff. Two part-time administrators were also employed in the centre. There was a clearly defined management structure and staff and residents were familiar with staff roles and their responsibilities.

The person in charge demonstrated good knowledge of her role and responsibilities including oversight of resident care needs and welfare to continuously improve quality of care and quality of life. The management team held regular formal management meetings and minutes reviewed by the inspector indicated that key issues relevant to the running of the centre were discussed and actioned. The centre had experienced a significant turnover of staff and had ongoing recruitment in the centre to maintain staffing levels. The registered provider ensured that the number and skill mix of staff were appropriate to meet the assessed needs of the 45 residents living in the centre. The centre had two registered nurses on duty 24 hours a day. A review of the rosters found that there were adequate levels of staff on duty to meet the needs of the residents, and for the size and layout of the centre.

There was a programme of both online and face-to-face training available for staff at the centre that included fire safety, manual handling, safeguarding vulnerable adults and infection control. The person in charge had completed an instructor's course on manual handling since the last inspection and provided face to face training for staff on site. Each house had a senior carer or team leader, who was responsible for supervision of care staff during the day. The inspector saw that staff were adequately supervised during the inspection. A number of staff were overdue mandatory training on fire precautions and this is outlined under Regulation 16: Training and staff development.

The person in charge monitored key clinical risks to residents such as restraint usage, antimicrobial usage and falls. There was a schedule of audits in place in the centre and inspectors saw that practices such as medication administration, infection prevention and control and falls were audited by the management team. Action plans were developed to address any areas that required improvement.

The centre's complaints procedure was prominently displayed and accessible to residents and their relatives. Complaints were investigated in line with the centre's own policy.

The arrangements for the review of accidents and incidents was good and from a review of the records maintained at the centre, incidents were notified to the Chief Inspector in line with legislation.

Regulation 15: Staffing

The inspector found that there was an adequate number and skill mix of staff to meet the assessed needs of the 45 residents living in the centre on the day of inspection. There were two nurses rostered 24 hours a day. From a review of rosters, it was evident that nursing staff working in the centre did extra hours to cover any gaps arising from sick leave in the centre.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector found that 11 staff were overdue for refresher training in fire training. The provider assured the inspector that this training was scheduled for February 23 2023.

Judgment: Substantially compliant

Regulation 21: Records

The inspector reviewed a sample of four staff files and all had Garda vetting in place. One staff file had a gap in employment recorded and this was rectified by the management team on the day of inspection.

Judgment: Compliant

Regulation 23: Governance and management

The inspector found that the centre had sufficient resources to ensure effective delivery of care in accordance with the statement of purpose. There was a clearly defined management structure in place that identified lines of responsibility and accountability and staff were aware of same. There were good management

systems in place to ensure the service was safe, appropriate and effectively monitored.

Judgment: Compliant

Regulation 24: Contract for the provision of services

Residents had a written contract of care that included the services provided and fees to be charged, including fees for additional services. Contracts also included the room to be occupied. The contracts were seen to meet the requirements of legislation.

Judgment: Compliant

Regulation 31: Notification of incidents

A review of the incident log indicated that notifications required to be submitted to the Chief Inspector were submitted in accordance with recommended time frames.

Judgment: Compliant

Regulation 34: Complaints procedure

Residents who spoke with inspectors were aware how to raise a concern or make a complaint at the centre. The centre's complaint's procedure was displayed in the centre and included a nominated complaints officer. The inspector viewed a sample of complaints and saw that they were being managed in accordance with the centre's policy.

Judgment: Compliant

Regulation 4: Written policies and procedures

The centre had a suite of written policies and procedures to meet the requirement of schedule 5 of the regulations. The inspector saw that these were updated every three years as required.

Judgment: Compliant

Quality and safety

Overall, the quality of care provided to residents was found to be good, and it was evident that residents' choices were respected and promoted in the centre. The inspector found that residents living in Fairfield Nursing Home had good access to medical and healthcare services. However, some action was required in relation to care planning and infection control as outlined under the relevant regulations.

Residents had access to medical care with two local general practitioners (GP) providing reviews in the centre as required. A physiotherapist attended the centre one day a week providing a small group exercise session and one to one sessions with residents as required. Residents had good access to health care services including occupational therapy, dietitian, speech and language therapy and tissue viability expertise. The inspectors reviewed a sample of residents' files. Residents' social and health care needs were assessed using validated tools, however the inspector found action was required in relation to care planning as a recently admitted resident did not have completed assessments or a care plan to direct care for staff. This is outlined further under Regulation 5:

The inspector saw that the premises was bright, homely and clean throughout. The centre's corridors had been recently painted in warm colours and plans were in progress to paint residents' rooms as they became vacant. The inspector saw that privacy curtains in shared rooms had been reviewed to ensure residents' dignity and privacy was promoted.

One of the clinical nurse managers was the nominated lead for infection control for the centre and was responsible for auditing infection control practices in the centre. The centre had a COVID-19 contingency plan and residents were supported to avail of their vaccinations as scheduled. There was a schedule for deep cleaning and daily cleaning of residents' rooms and residents' equipment and staff used colour-coded cloths and mops were changed after each room to reduce the risk of cross infection. The inspector saw that cupboards to store toiletries were installed in each shared room. However, some issues relating to infection control required action as outlined under regulation 27; Infection control.

Residents' hydration and nutrition needs were assessed, regularly monitored and met. There was sufficient staff available at mealtimes to assist residents with their meals. The inspector observed that residents were provided with a choice of nutritious meals at mealtimes. Meals appeared varied and wholesome.

Residents reported feeling safe in the centre and staff were aware of what to do if there was an allegation of abuse. The centre promoted a restraint free environment and there was evidence of alternatives such as crash mats and low beds in use

to lower the numbers of bed rails in use for residents.

Management and staff promoted and respected the rights and choices of residents in the centre. Resident meetings had resumed in the centre and the person in charge was in the process of developing a resident and family survey to seek residents' views on the running of the centre. Residents were consulted with about their individual care needs and had access to independent advocacy if they wished. Visiting was facilitated in the centre in line with national guidance.

Regulation 11: Visits

Visiting was facilitated in line with the most recent national guidance. Visitors were welcomed into the centre and the inspector saw and met visitors coming and going to the centre during the inspection.

Judgment: Compliant

Regulation 12: Personal possessions

Records of residents' personal property were maintained. Residents' bedrooms had space to maintain their clothes and personal possessions that included lockable storage space. Residents had access to on-site laundry facilities and there was a system in place to ensure residents' laundry was returned to them.

Judgment: Compliant

Regulation 17: Premises

The inspector found that the premises in general conformed to Schedule 6 of the regulation. The inspector found that a number of the issues in relation to premises identified in the previous inspection had been addressed such as the privacy curtains in shared bedrooms had been adjusted. The inspector saw that there was an ongoing programme of renovations in the centre and the corridors had been recently painted and bedrooms were being painted once vacant. A bed frame that was chipped and worn on the day of inspection was immediately replaced by the maintenance staff.

Judgment: Compliant

Regulation 18: Food and nutrition

The inspector observed that food served for the breakfast and lunch time meals in the centre was attractively presented and appeared wholesome and nutritious, especially texture modified meals. Residents who spoke with the inspector were very satisfied with the quality, quantity and choice of food available to them. Residents had nutritional plans in place that were regularly reviewed. Residents who required it were assessed by a dietitian and speech and language therapists. The inspector saw there were adequate staff on duty to provide assistance to residents who required it and a system had been implemented to ensure all residents received their meals in a timely manner. On the day of inspection, home made banana bread and scones were available to residents that were freshly made by the chef in the morning. The inspector saw that each kitchenette in each house had a kettle and regular drinks and snacks were provided to residents throughout the day.

Judgment: Compliant

Regulation 26: Risk management

The provider had an up to date risk management policy that met the requirements of the regulations. There was an emergency response plan in place.

Judgment: Compliant

Regulation 27: Infection control

The inspector found the following required action to ensure that practices in the centre were consistent with the National Standards for infection prevention and control in community services (2018),

- oversight of mask wearing by staff required action as the inspector observed some staff wearing masks incorrectly during the day of inspection
- installation of a macerator or bedpan washer in the dirty utility room remained outstanding.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

The inspector found mixed findings in relation to care planning and a number of issues with assessment and care planning required action to ensure that they accurately reflected residents' care needs and to direct care delivery. For example, a recently admitted residents did not have all the required validated assessments completed to direct care and did not have a comprehensive care plan recorded in line with regulations. A resident's care plan was not updated when the resident's condition or care needs changed. A resident with responsive behaviour (how residents living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) did not have their care plan and antecedent behaviour consequence charts completed in a timely manner.

Judgment: Not compliant

Regulation 6: Health care

Residents living in this centre were provided with a good standard of evidence based health and nursing care and support. Residents had timely access to a general practitioner from a local practice and a physiotherapist was on site to provide assessments and treatment to residents one day a week. Residents also had good access to other allied health professionals such as speech and language therapists and a dietitian and specialist medical services such as community palliative care as required.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Staff were up-to-date with training to support residents who had responsive behaviours. However, care plans for residents with responsive behaviours required review as discussed under regulation 5. Restrictive practices were under review by the person in charge and the number of bed rails in use had reduced to seven in the centre. There was evidence of alternatives to restraint in use in accordance with best practice guidelines.

Judgment: Compliant

Regulation 8: Protection

The inspector found that staff had the training to ensure they had up-to-date knowledge and skills in relation to staff protection and safeguarding vulnerable adults. A safeguarding policy provided guidance to staff with regard to protecting residents from the risk of abuse. Staff were aware of the signs of abuse and of the procedures for reporting concerns.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector found that residents' rights and choices were promoted and respected in the centre. Residents had opportunities to participate in social activities in line with their interests and capabilities. Residents were supported to continue to practice their religious faiths and had access to newspapers, radios and televisions.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Fairfield Nursing Home OSV-0000227

Inspection ID: MON-0037726

Date of inspection: 26/01/2023

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 have completed Fire training on 23rd of February 2023.	
Regulation 27: Infection control	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Infection control: Instructions have been given to all staff to wear their facemasks correctly. We are still looking at options regarding the installation of a Macerator.	
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 are on the process of completing all assessments and care plan. This is been constantly reviewed by PIC.	

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	23/02/2023
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	10/03/2023
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	31/03/2023

	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	10/03/2023