



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, Anabelle, Mallow, Cork
Type of inspection:	Announced
Date of inspection:	07 September 2023
Centre ID:	OSV-0005681
Fieldwork ID:	MON-0041061

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
Thursday 7 September 2023	09:30hrs to 17:30hrs	Mary O'Mahony	Lead

What residents told us and what inspectors observed

According to residents and relatives, Fairy Hill Nursing Home was a nice place to live where residents were facilitated to avail of comfortable accommodation and safe care. There was a warm and homely atmosphere in the centre which was immediately palpable on arrival. In the morning the inspector observed that some residents were having breakfast in the dining room, where a staff member was supporting those who required help. During the day, the inspector spoke with all residents and with five residents in more detail. The inspector spent time observing residents' experiences and care practices, in order to gain insight into life in the nursing home. Residents informed the inspector that they felt very well cared for by a group of "kind and willing" staff. All residents were observed by the inspector to be content and appeared satisfied with all aspects of their care.

This inspection was announced. Following an opening meeting with the person in charge the inspector was accompanied on a walk about the premises. There was a lively atmosphere apparent, with residents walking independently or being accompanied from their bedrooms to the dining and communal sitting room. Residents and staff were seen to be familiar with each other and relaxed in each others company. Visitors were seen to come and go from the early morning, and they were welcomed by staff. One relative said "they always know our names".

Twenty one residents were living in the centre on the day of inspection, with one vacant bed. On the morning of inspection a number of residents were sitting in the large comfortable sitting room which was the hub of the centre. The inspector observed that this area was decorated in a personalised manner, with new pictures, new flooring, information boards, plants, suitable furniture and a large flat screen television. A staff member was leading an activity session with the majority of residents seen to be participating with enthusiasm. This space had natural lighting provided by the original, double height, picture windows. The adjoining conservatory, entrance foyer was popular with residents who liked a quiet space or private visit. One lady sitting there said she was happy to look out at the front gardens and enjoyed the autumn sunshine. She told the inspector that staff were "fabulous, friendly and caring". There were a number of hand sanitisers in each hallway and staff and visitors were seen to use these regularly throughout the day. Residents' bedroom accommodation was comprised of single and double bedrooms. A number of bedrooms had en suite toilet and wash hand basins, while all residents shared three communal showers and additional toilets. Bedrooms had been upgraded with new flooring and repainted in nice muted shades, Rooms were observed to be decorated with personal items from residents' homes such as pictures, small furniture items and books. Resident said they were happy with their accommodation and felt they had adequate privacy, as the communal bedrooms were observed to be very spacious.

The inspector observed that the rights of residents were respected in how staff addressed and supported residents during the day. A number of family members

who were visiting also praised the care, the management and the staff. The person in charge stated that new residents visited the centre in advance of admission which helped forge personal connections and assess the needs of each individual. One resident said that they felt "less anxious" since admission and relatives had "good access".

Residents meetings were held at intervals and the minutes of these were reviewed. At each meeting a range of issues, such as food choices, events, visits and staffing were discussed. In a small sample of survey results reviewed, the inspector saw that residents felt their rights were respected in relation to their daily choices and residents had been consulted about relevant issues. Comments such as "it is home from home" and "the continuity of staff is very stabilising" were seen in the residents' surveys. Residents said that staff and relatives provided welcome community news.

The inspector observed that there was a good activities programme in place and residents were aware of each day's programme. There was a staff member allocated to the role of activity leader daily and plans on expanding the programme were well under way in line with expressions of preferences from residents. On the day of inspection residents were seen to be well dressed in their choice of clothes and they said they had access to the hairdresser regularly. In the afternoon the inspector observed them enjoying group activities, such as chair based exercises and music. A snack trolley was brought around to each person on two occasions throughout the day, and home baking featured on this, for example, an iced lemon cake was freshly baked in the afternoon. Choice was supported throughout the day; some residents said that tea would be served in the bedroom if that was their wish, a number of residents said they enjoyed reading the daily papers, watching TV and meeting with visitors, as an alternative to the activity session on offer.

The dining room had sufficient space for all residents who wished to dine in the communal setting. Tables were set up with colourful table napkins, which matched the new floral curtains. The room had been newly painted, and each modern table had room for two residents to sit together. Residents spoke very positively with regards to the quality of food in the centre. Food was observed to be attractively and carefully presented. Menus were available on the tables and there was a sufficient amount of staff on duty to assist those who needed additional support. The inspector was informed that the dining experience was reviewed regularly, with the aim of enhancing the experience as a social opportunity. The inspector observed that there was sufficient time afforded to each person to finish their meal, in a leisurely manner. Residents described the food as "plentiful, lovely and tasty" and said they wanted to thank the chef for ensuring that each person had an alternative choice, if required.

The next two sections of the report detail the findings in relation to the capacity and capability of the centre and describes how these arrangements support the quality and safety of the service provided to the residents. The levels of compliance are detailed under the relevant regulations in this report.

Capacity and capability

This inspection was announced. The provider had applied to renew registration of the centre and had submitted the required documentation prior to the inspection. The inspector found that the governance and management arrangements, required by regulation to ensure that the service provided was well resourced, consistent, effectively monitored and safe for residents, were well defined. A number of areas of good practice were observed: the inspector found that there were comprehensive audit and management systems set up in the centre, ensuring that good quality, safe care was delivered to residents. Issues found on the previous inspection had been addressed such as fire safety, infection control and premises.

Fairy Hill Nursing Home, in its present configuration, was set up in 2017 by Fairy Hill Nursing Home Ltd., the registered provider, which was a company consisting of two directors. At the time of the inspection the overall day to day governance structure was established. The owner, who was the director representing the provider, attended the centre frequently and liaised with management staff and residents. They attended the feedback meeting at the end of the inspection day. The care team in the centre was comprised of the person in charge, an assistant person in charge, a clinical nurse manager (CNM), a team of nurses and health-care staff, as well as administrative, catering, household and maintenance staff. Complaints management and key performance indicators (KPIs, such as falls, restraint and person-centred care) were reviewed and discussed at these meetings.

The annual review of the quality and safety of care for 2022 had been completed and was available for review. The audit schedule was set out at the beginning of each year and aspects of residents' care were audited monthly. Clinical indicators were being monitored in areas such as wounds, infections, and dependency levels. The registered provider had a number of written policies and procedures available to guide care provision, as required under Schedule 5 of the regulations.

The service was well resourced. The training matrix indicated that staff received training appropriate to their roles. Management staff had trained as qualified trainers in certain subjects, and trained the staff in dementia care, manual handling, infection control and safeguarding. Daily staff handover reports and regular staff meetings ensured that information on residents' changing needs was communicated effectively. Information seen in residents' care plans, provided evidence that up-to-date information was exchanged between day and night staff. Copies of the appropriate standards and regulations were available and discussed with staff.

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

The inspector found that records and additional documents required by Schedule 2, 3 and 4 of the regulations were available for review. A sample of staff personnel files reviewed, and were seen to contain all the required details. Vetting disclosures,

in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 and 2016, were in place for all staff, prior to commencement of employment. Insurance was in place for the centre and residents' contracts, as well as the directory of residents, were well maintained.

Registration Regulation 4: Application for registration or renewal of registration

The provider submitted the required documents, for renewal of registration, in a timely manner.

Judgment: Compliant

Registration Regulation 8: Annual fee payable by the registered provider of a designated centre for older people

All the required fees were paid, as required under the regulations.

Judgment: Compliant

Regulation 16: Training and staff development

The training matrix was reviewed. This indicated that all the required mandatory and appropriate training was up to date, Staff confirmed that they had understood the training, and evidence was seen through out the day of the training being implemented in practice.

There were sufficient staff on duty to attend to residents' needs and senior staff were on duty, for supervision purposes.

Annual staff appraisals were undertaken and this documentation was available for review.

Induction processes were clearly outlined and nursing staff undertook annual competence evaluation, on medicine management.

There were qualified nurses on duty over the 24 hour period.

Judgment: Compliant

Regulation 21: Records

The required regulatory records were available for inspection purposes.

The filing system in the centre was secure and documents were easily retrievable, including notes related to former residents.

A sample of staff files were well maintained and complete.

Judgment: Compliant

Regulation 23: Governance and management

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

Auditing and oversight systems were in place, to ensure the service provided was safe, appropriate, consistent and effectively monitored. Where issues required improvement, an action plan was put in place to address this.

Copies of quality improvement plans which had been developed, provided evidence that there was an ongoing commitment, to enhance the quality and safety of the service provided, in the home.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose had been reviewed on an annual basis.

It contained information on the ethos of the centre and on the complaints procedure, among other information required by the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

The policy on managing complaints had been updated in line with regulatory changes and the related notice for residents and relatives was displayed in the foyer.

Complaints were infrequent. Those that were documented, were addressed, and the satisfaction of the complainant was recorded.

Judgment: Compliant

Quality and safety

Overall residents in Fairy Hill Nursing Home were found to be supported to have a good quality of life which was respectful of their preferences. There was timely access to healthcare services and appropriate social interaction. A human rights-based approach to care was seen to be promoted, and residents spoken with said that this approach helped them feel safe. The person in charge stated that all staff had completed training modules in applying a human rights-based approach to care. Findings on this inspection, demonstrated good compliance with the regulations inspected against, and a willingness to maintain compliance and continuous improvement.

The inspector was assured that residents' health-care needs were met. There was weekly access to the general practitioners (GPs) who were described as, "good" and "attentive" by residents. Systems were in place for referral to specialist services as described under Regulation 6: Health-care. Residents' records contained evidence that a comprehensive assessment was carried out for each resident prior to admission. This was observed to be used in the commencement of each person's care plan.

The inspector observed that the registered provider had invested in continuously upgrading the premises, which had a positive impact on residents' quality of life. Painting of the centre had been renewed since the previous inspection. The bed linen and residents' personal clothes, were laundered in the well-equipped, newly upgraded, in-house laundry. The centre was observed to be very clean and staff were seen to adhere to good infection control practices, such as good hand hygiene practices. Further premises improvements were described under regulation 17.

There was good practice observed in the area of fire safety management within the centre. Certification was available in relation to servicing of fire safety equipment. Fire safety checks were comprehensively documented. Advisory signage was displayed in the event of a fire, and this had been updated since the previous inspection. Training records evidenced that fire drills were practiced, taking into account times when staffing levels were lowest. This meant that staff became familiar with the challenge of evacuating a number of residents at times of high risk.

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

Residents' nutritional and hydration needs were met. Systems were in place to ensure residents received a varied and nutritious menu, based on their individual food preferences and dietetic requirements, such as, diabetic or modified diets. The dining experience was seen to be enjoyable and both residents and relatives praised the food, the choice and variety available.

The inspector found that residents were generally free to exercise choice on how they spent their day. Residents were seen to walk outside, to go out with relatives and to be facilitated to go to the local town. It was evident that residents were consulted about the running of the centre, formally, at residents' meetings every three months, and informally through the daily communication with the staff team.

Regulation 10: Communication difficulties

Care plans had been developed for those who had communication difficulties. These were detailed and contained strategies for staff to optimise communication with residents.

Music and sensory activity sessions were available and staff explained how these activities stimulated communication and interaction. Residents who had communication difficulties were seen to be included in all activities, and were spoken with in a kind and empathic manner by staff, who were familiar with their life histories and their specific needs.

Judgment: Compliant

Regulation 17: Premises

The premises conformed with the requirements of Schedule 6 of the Regulations.

Issues identified as requiring attention on the previous inspection in March 2023 had been addressed.

- two damaged sinks had been replaced.
- the flooring had been replaced in ten bedrooms and bathrooms.
- the laundry had been completely refurbished with new machines.

The external areas had been furnished with patio furniture and flowering pot plants.

Judgment: Compliant

Regulation 26: Risk management

The risk register was up to date.

New risks had been added as required, which indicated a proactive approach to risks: which were assessed and managed appropriately.

Judgment: Compliant

Regulation 27: Infection control

The inspector found that there was good practice in relation to infection control.

Issues identified on the previous inspection had been addressed.

There were a number of hand wash sinks and sufficient hand sanitising gels available.

Housekeeping staff had appropriate training, and staff signed to confirm that cleaning tasks had been completed.

Training in infection control was undertaken and staff maintained a register of any infection and the use of antibiotics. This meant that there was oversight of the type of antibiotics in use, to ensure judicious and careful use of appropriate antibiotics.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had taken appropriate steps to ensure that fire safety was well managed in the centre.

Findings from previous inspections had been addressed.

For example,

- All the fire -safe doors had been certified as, fit for purpose. (That is, doors that were designed to prevent the spread of smoke or fire for defined periods).

- Fire drills were undertaken at regular intervals, and this documentation was reviewed.
- Staff spoken with, were knowledgeable of what to do in the event of a fire.
- Daily, weekly and three monthly checks of fire safety equipment were recorded.

Judgment: Compliant

Regulation 6: Health care

Health care was well managed in the centre:

The GP visited on a regular basis and relevant notes were recorded of medical interventions.

A review of residents' medical records, in a sample of care plans, indicated that recommendations from residents' doctors were integrated into residents' care plans. Advice from the dietitian, the physiotherapist and the speech and language therapist (SALT) was documented.

A range of clinical assessment tools were used to underpin and inform the development of the person-centred care plans. One such tool, the malnutrition universal screening tool (MUST), was used to assess and identify any resident at risk of malnutrition. Appropriate action was taken, such as the use of dietary supplements or referral to the dietitian.

Judgment: Compliant

Regulation 8: Protection

Staff interactions with residents were seen to be respectful. All staff had received training in the prevention, detection and response to abuse, according to the records seen. Staff, spoken with, were aware of what constituted abuse and who to report their concerns to. Where any allegations had been made, appropriate steps had been taken to address the issues identified.

Finances were well managed and receipts and invoices were available. The provider stated that the centre did not act as a pension agent for any resident.

Judgment: Compliant

Regulation 9: Residents' rights

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

Residents reported that they felt safe in the centre and they attributed this to the staff and their gentle approach.

A number of staff members were known to individual residents and they had an in-depth understanding of residents' previous lives and interests. Visitors and residents both confirmed that they were treated with dignity and patience by the management and wider staff group.

Residents had access to social activity, gardening, religious services, communication devices, external musicians, sensory activity and celebrations with family.

Residents felt that they felt facilitated to raise concerns about the centre, and they told the inspector that their opinions were taken into account. A review of minutes of residents' meetings indicated that suggestions of residents were used to improve practice and to support residents' wishes. There was consensus from residents and relatives that "everyone is made so welcome" in Fairyhill.

Activities, in general, were meaningful and interesting. Residents praised the accommodation, which they said was "home-like", the staff who were described as "warm", and the supportive ethos 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	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Registration Regulation 8: Annual fee payable by the registered provider of a designated centre for older people	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant