Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Fairy Hill Nursing Home
Name of provider:	Fairy Hill Nursing Home Limited
Address of centre:	Kennel Hill, Mallow, Cork
Type of inspection:	Unannounced
Date of inspection:	14 August 2026
Centre ID:	OSV-0005681
Fieldwork ID:	MON-0051030

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 following information outlines some additional data on this centre.

Number of residents on the date of inspection:	19

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 14 August 2026	09:05hrs to 16:30hrs	Louise O'Hare	Lead

What residents told us and what inspectors observed

This was an unannounced inspection carried out to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). During this inspection, the inspector met with the majority of residents living in the centre and spoke with five in more detail to explore what it was like to live in Fairy Hill Nursing Home. Overall, this inspection found that residents received a good standard of care from a stable team of staff. Residents who were able to communicate with the inspector spoke positively about living in the centre, saying they felt safe and that their choices were respected.

Fairy Hill Nursing Home is located on the outskirts of Mallow town. It is a two storey designated centre, with residents' accommodation located on the ground floor, and administration offices located on the basement level. On arrival to the centre, the inspector was greeted by the assistant director of nursing (ADON), and shortly after by the director of nursing and the registered provider representative. The inspector conducted an initial walk around and saw that the majority of residents were having breakfast in the dining room, while others were relaxing in the sitting room or their own bedrooms. The atmosphere was calm and relaxed, and the centre was visibly clean throughout.

The entrance to the centre leads into a bright conservatory with views to the south west of the town. A sign indicating local landmarks was present to help residents identify them. A large sitting room was just past the conservatory and this appeared to be used by the majority of residents on the day of inspection. Other communal space included a dining room, and second sitting room which the inspector was told was used primarily for visitors. Residents' accommodation was comprised of eight single rooms and seven twin rooms. Bedrooms were personalised with items that were meaningful for residents. Since the previous inspection it was evident that some painting work had been done, and the inspector was told this was ongoing.

Externally, the centre is approached through a short driveway with a large parking area which was well-maintained, with two large colourfully planted flowerbeds. Residents had access to a secure outdoor area to the rear of the centre which was furnished with seating, tables and parasols. However, there were three large open waste bins and some gas cylinders stored in this area. In addition, washing lines were suspended in the middle of the seating area which made it less inviting for residents to enjoy time outdoors, this is detailed under Regulation 17: Premises.

On the day of inspection, residents were entertained by a local visiting musician in the morning. While in the afternoon, the inspector observed residents laughing and interacting with two healthcare assistants as they participated in a lively parachute game. Other activities available during the week included group sessions with a physiotherapist, ball games and reflexology. The week before the inspection residents had enjoyed a "Hawaiian" summer party, after agreeing the theme at a

resident's meeting. The inspector saw photos of residents enjoying the celebration. From observing interactions between staff and residents it was evident that staff knew residents well, and interactions observed were friendly and kind. Communal areas were supervised appropriately throughout the day. One resident told the inspector that the staff were "all lovely", while another said "they take great care of us".

The inspector spoke with three visitors who also gave positive feedback about their experiences of the centre. They confirmed they were able to visit freely, and spoke highly of the staff working in the centre. One visitor told the inspector that staff knew their relative well and described management as responsive and accessible to them.

The inspector observed the dining experience at lunch time, for which the majority of residents attended the dining room. Assistance was provided in a discreet and unhurried manner to those who required it. Meals appeared appetising, and those who spoke with the inspector were complimentary about the food.

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

Capacity and capability

Findings of this inspection were that there was a clearly defined management structure in place and the centre was sufficiently resourced to deliver care in line with it's statement of purpose. This unannounced inspection monitored compliance and followed up on the compliance plan from the previous inspection, which had been completed. Following this inspection, some actions were required with regards to records and contracts of care.

Fairy Hill Nursing Home is registered to accommodate 22 residents. The registered provider is Fairy Hill Nursing Home Limited. The person in charge had been in their role for eight years and and were supported in their role by an ADON who deputised for them in their absence. They were further supported by two clinical nurse managers (CNMs) and a team of staff nurses, healthcare assistants, administrative, housekeeping, catering and maintenance staff.

Management systems in place to ensure the service was effectively monitored included a schedule of clinical and non-clinical audits, and recording and monthly review of key performance indicators. Audit topics included nutrition, care plans, call-bell response times and infection prevention and control practices. Audit outcomes and relevant actions taken were clearly documented. Quality improvement meetings took place quarterly and discussed compliance with the standards. Staff

meetings took place in the centre, and staff were able to raise concerns about the quality and safety of care provided to residents.

There was sufficient staff present on the day of inspection to meet the needs of residents in the centre. A review of the rosters was consistent with the day-to-day staffing levels reported by staff, and the levels present on the day of inspection. Call bells were seen to be answered promptly throughout the day, and residents reported that staff were quick to respond to them. There was a minimum of 1 registered nurse on duty at all times in the centre. Training records were seen to be up-to-date for staff in the centre.

Records as set out under Schedule 2, 3 and 4 of the regulations were seen to be stored securely in the centre, and made available for inspection as requested. The inspector reviewed a sample of three staff files and found that there were some gaps in documentation required by Schedule 2 of the regulations, as detailed under Regulation 21: Records. All nurses rostered in the centre were registered with the appropriate professional body. An Garda Siochána (police) vetting was in place for staff before starting employment.

Residents had a written contract of care in place which detailed the terms, including those relating to the bedroom to be provided, on which that resident resided in the centre. However, action was required to ensure they complied with the requirements of the regulations as detailed under Regulation 24: Contracts of Care.

Registration Regulation 4: Application for registration or renewal of registration

The registered provider had submitted the application to renew registration to the chief inspector and included the relevant information set out in the regulations.

Judgment: Compliant

Regulation 15: Staffing

On the day of inspection, there was a sufficient number and skill mix of staff to meet the needs of the residents and in line with the centre's statement of purpose. There was a minimum of one registered staff nurse on duty at all times.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had ensured that staff had access to appropriate training. Staff were up-to-date with topics such as managing responsive behaviour, safeguarding, and people moving and handling. There were arrangements in place to ensure appropriate supervision for staff.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents did not contain all the information specified in Schedule 3 of the regulations. For example, the date, time and cause of death was not recorded for a resident.

Judgment: Substantially compliant

Regulation 21: Records

While the majority of records were well-maintained, some gaps in documentation were identified. For example, from a sample of three staff files reviewed, the inspector found that one did not meet the requirements of Schedule 2 of the regulations as it did not contain a full employment history including any gaps in employment, and it did not include a second reference.

Judgment: Substantially compliant

Regulation 23: Governance and management

There were sufficient resources in place to ensure the effective delivery of care in accordance with the statement of purpose. The management structure identified clear lines of authority and accountability, and deputising arrangements were in place for key management roles. Management systems were in place to ensure consistent oversight of the service.

Judgment: Compliant

Regulation 24: Contract for the provision of services

The inspector reviewed a sample of three contracts of care and found that they did not fully comply with the requirements of the regulations. For example, the weekly additional charge made reference to a service that was included under the terms of the nursing home support scheme.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The registered provider had prepared in writing a statement of purpose relating to the designated centre which contained the information set out in Schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

A review of records indicated that notifiable incidents had been submitted in writing to the office of the Chief Inspector within two working days. Other written reports as set out in Schedule 4 of the regulations were submitted as required.

Judgment: Compliant

Quality and safety

Overall, this inspection found that residents received a good standard of person-centred care, while some actions were required with regards to fire precautions and premises.

A sample of three care plans were reviewed and found to be person-centred, and sufficiently detailed to direct care. Care plans were prepared within 48 hours of a resident's admission to the centre. A comprehensive assessment was completed and a range of validated assessment tools were in use to assess resident's falls risk, skin integrity and cognition. Care plans were reviewed every four months, or more often as required.

Laundry was completed on-site, throughout the week. The laundry area was laid out to allow separation of clean and dirty linens and was visibly clean. Residents had sufficient storage to maintain their clothes and other personal possessions. The

premises was generally clean and well-maintained.The provider employed a person to maintain the premises and they were present on the day of inspection. However, some wear and tear was noted on furniture as detailed under Regulation 17: Premises.

The provider had ensured that arrangements were in place for the testing and maintenance of fire equipment, emergency lighting and means of escape. Fire evacuation drills were conducted regularly and included evacuation of the largest compartment at night time staffing levels. There was an up-to-date fire policy in place and staff had completed and were up-to-date with training. Fire evacuation plans were displayed to give guidance to staff in the event of a fire. However, some actions were required as detailed in Regulation 28: Fire precautions.

Activities were scheduled seven days a week and the inspector was told that plans were in place for two healthcare staff to received training in an "imagination gym" programme to provide to residents. Information on advocacy services was displayed in the centre. Residents meetings took place quarterly, and discussed planned events such as the annual summer party and resident's artwork that had been contributed to Mallow Arts Festival.

Regulation 12: Personal possessions

The person in charge had ensured that residents had adequate space to store and maintain their clothes or other person possessions. Laundry was managed on-site and returned to residents.

Judgment: Compliant

Regulation 17: Premises

Wear and tear was visible on some furniture, including a torn footstool and couch, and a toilet surround was observed to have rust, which did not give assurances that they could be cleaned effectively.

The secure outdoor courtyard and resident's seating area contained items such as large open bins and gas cylinders, and did not create an inviting area for residents.

Judgment: Substantially compliant

Regulation 20: Information for residents

A residents guide was available for residents and contained the information specified in the regulations, including information relating to advocacy services.

Judgment: Compliant

Regulation 26: Risk management

There was an up-to-date risk management policy in place which included the measures and actions in place to control identified and specific risk as set out in the regulations.

Judgment: Compliant

Regulation 28: Fire precautions

While a number of good practices were in place, some fire doors were seen to contain open keyholes which did not provide assurance that they were in good working order.

Personal emergency evacuation plans were in place; however, the inspector was not assured that they were appropriate for all residents. For example, one resident who required a transfer aid and assistance of two people to transfer did not have a ski-sheet as part of their evacuation plan.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Medication was securely stored, and medication administration records were well-maintained. Arrangements were in place for returning discarded or out-of-date medicinal products to the pharmacy. Medication management audits were completed by the pharmacist annually and these records were maintained in the centre.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Care plans were prepared within 48 hours of a resident's admission to the centre and were reviewed at intervals not exceeding four months or sooner when required. A range of validated assessment tools were used to assess care needs and to inform care planning.

Judgment: Compliant

Regulation 9: Residents' rights

Residents had access to facilities for occupation and recreation in line with their interests and capacities. Residents told the inspector they could exercise choice about how they spent their day and that this was respected. They were consulted about the organisation of the centre through residents meetings.

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
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Substantially compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Fairy Hill Nursing Home OSV-0005681

Inspection ID: MON-0051030

Date of inspection: 14/08/2026

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 19: Directory of residents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 19: Directory of residents: The 2026 residents' directory has been updated to include all relevant information, including dates and causes of death. The update was completed in August 2026	
Regulation 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: Staff files have been reviewed, and CV gaps have been addressed. Two references for each member of staff are now in place	
Regulation 24: Contract for the provision of services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services: Contracts have been updated. The weekly additional charge for the services provided includes only those extra services that are not covered under the Nursing Home Support Scheme. Completed: 30/08/26	

Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: Painting works have been completed, and the furniture has been replaced with new items. The outdoor courtyard has been tidied up and made more attractive for residents. The bins have also been relocated to more suitable areas. Maintenance work in the toilets is scheduled to be completed by the end of September.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: Fire doors have been inspected by the Fire and Safety Team and recommended to add intumescent din lock kit to few locks . which is ordered and waiting for delivery. Personal Emergency Evacuation Plans (PEEPs) have been reviewed and updated according to residents' individual needs to support safe evacuation. Additional ski sheets are also in place. Completion date: 05/10/2026	

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	29/08/2026
Regulation 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Substantially Compliant	Yellow	29/08/2026
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	02/09/2026
Regulation 24(2)(a)	The agreement referred to in paragraph (1) shall relate to the care	Substantially Compliant	Yellow	30/08/2026

	and welfare of the resident in the designated centre concerned and include details of the services to be provided, whether under the Nursing Homes Support Scheme or otherwise, to the resident concerned.			
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Substantially Compliant	Yellow	05/10/2026
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Substantially Compliant	Yellow	05/10/2026