



**Health  
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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:	Fairfield Nursing Home
Name of provider:	Fairfield Nursing Home Limited
Address of centre:	Quarry Road, Drimoleague, Cork
Type of inspection:	Unannounced
Date of inspection:	04 March 2026
Centre ID:	OSV-0000227
Fieldwork ID:	MON-0043260

## 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:	49
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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
Wednesday 4 March 2026	10:10hrs to 17:30hrs	Louise O'Hare	Lead

## What residents told us and what inspectors observed

This was an unannounced inspection undertaken by one inspector of social services to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, as amended. Overall, the inspector found that this was a good centre where residents received a good standard of care from a stable team of staff who knew them and their preferences well. The inspector greeted a number of residents and spoke to 12 in more detail about what it was like to live in Fairfield Nursing Home. Residents generally spoke positively about living in the centre. One resident said it was "excellent" and another that they were "very pleased with it". The inspector also spoke with two visitors on the day of inspection who spoke highly of the care in the centre.

On arrival, the inspector was accompanied by the person in charge on an initial walk around of the centre, followed by an introductory meeting. The centre was observed to be bright and warm throughout. The entrance was accessed through a conservatory that both residents and visitors were seen to enjoy sitting in throughout the day. The reception area had comfortable seating, and a number of residents preferred to sit there and observe people coming and going. Outdoor areas were well-maintained, one resident told the inspector that he had planted several flowers last year in the front garden, and was looking forward to seeing them bloom this year. There was a secure internal courtyard with several bird feeders, and well-maintained footpaths. The courtyard was accessible throughout the inspection, and the door to the front garden was accessed with a keypad lock. This, and some internal doors, used butterfly codes displayed beside the lock so that residents who could understand the code could use them freely.

Fairfield Nursing Home is a single storey premises located close to the village of Drimoleague, and is registered to provide accommodation to 49 residents. Bedroom accommodation was comprised of 39 single rooms and five twin rooms. All bedrooms had an en-suite toilet and wash hand basin, and 33 rooms also had an en-suite shower. Residents' bedrooms were personalised with their own belongings including furniture, art and family photographs. Flooring had been recently replaced in some rooms, and some had been repainted with colours the resident had chosen.

The centre uses a butterfly model of care, which focuses on a person-centred approach to providing care and encourages staff to move away from a task based approach. The home is divided into three "houses" named after local townlands, Deelish, Dromusta and Rockmount. Each house had two healthcare assistants assigned as team leaders, and an associated team of staff based there who knew residents well. Each house had its own living area, with sitting area, dining area and kitchenette. An additional sitting room called the rose room provided a quiet area for residents. The centre had a nicely decorated hairdresser's salon, which was busy on the day of inspection with a number of residents observed attending the hairdresser during the day. Each of the houses' living areas had been recently redecorated, and

were observed to be homely, warm and welcoming. A number of residents' bedrooms were decorated to look like front doors, and in Deelish house handrails were painted red to make it easier for those with a diagnosis of dementia to find and use them. There were several colourful murals throughout the centre showing local or rural scenes, such as a lovely painting of the local post office. One resident told the inspector how much he loved looking out at the mural of a horse and stable door located in the garden.

The inspector was told that activities were provided based on the butterfly model of care. In the morning, the inspector observed some residents watching programmes they enjoyed, listening to music or participating in other sensory activities with staff. In the afternoon, in one house residents were participating in a fun balloon game, and in another two residents were enjoying a drink and playing cards, while others were listening to relaxing music. The inspector observed a number of interactions between staff and residents during the day and saw that they were positive and supportive. Staff appeared to know residents well, and were able to speak to them about topics that interested them. When staff were performing tasks they were seen to explain to residents what they were doing first.

The inspector observed the dining experience, and saw that it was sociable and relaxed. Meals appeared appetising and residents were offered choice. There were enough staff available to assist residents as needed. Residents praised the quality of food in the centre. While two residents told the inspector that they would prefer other types of food, one said that staff would prepare them specific dishes as requested.

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 the quality and safety of the service being delivered.

## Capacity and capability

Overall, the inspector found that this was a well-managed centre with a focus on promoting person-centred care for residents. However, some action was required with regards to complaints management, premises and care planning.

The registered provider of the centre is Fairfield Nursing Home Limited. The company has two directors, one of whom was the registered provider representative and attended the centre regularly. There was a full-time operations manager in place in the centre. Since the previous inspection, there had been a change of person in charge and this had been notified appropriately to the Chief Inspector. A clinical nurse manager had also left their role and the inspector was told that there was an active recruitment process in place for this role. The person in charge was in post full-time, and had the knowledge, experience and qualifications set out in the regulations. They were supported in their role by a team of registered nurses,

healthcare assistants, housekeeping, catering, maintenance and administrative staff. There was a clearly defined management structure in place. Management meetings took place monthly, and reviewed topics such as staffing, equipment, training and upgrades to the premises.

The inspector saw from minutes of meetings, training records and discussions with staff, that the provider was committed to implementing dementia care matters or butterfly model of care. All staff had recently received training on this approach to care and to facilitate implementation two healthcare assistants had been appointed as team leaders to each house. Team leaders met regularly, and led on individual projects such as the redecoration of communal areas. The inspector was told by staff that rosters had been adjusted so each house had an allocated team of staff on an ongoing basis. This allowed for increased continuity of care and for residents to become more familiar with staff caring for them.

An annual review of the quality and safety of care delivered to residents in 2025 had been prepared, and the inspector saw that it incorporated feedback from residents' surveys and meetings. A quality improvement programme had been developed for 2026, and included plans to increase the number of surveys completed and to increase outdoor activities and day trips. There was a schedule of audits in place on topics such as person-centred care, fire safety and cleaning. Key performance indicators of topics such as falls and pressure ulcers were recorded, monitored and trended to analyse care, and relevant actions plans had been put in place. However, management systems to ensure the service provided was consistent required some action as detailed under Regulation 23: Governance and management.

From speaking to staff, and reviewing meeting minutes, it was evident that arrangements were in place for staff to raise concerns about the care and support provided to residents as needed. The inspector saw records that indicated all staff were up-to-date with mandatory training. One nurse had also completed IRESTORE training (a early warning system to detect acute clinical deterioration in older adults living in residential care), and there was a plan in place for other staff to complete this training, and for it to be implemented in the centre.

Records specified in the regulations were maintained in the centre and made available for inspection. The inspector reviewed a sample of staff files and found they contained the information detailed in Schedule 2 of the regulations, including valid Garda Síochána (police) vetting. A record of incidents was maintained in the centre. Quarterly notifications and notifiable incidents were submitted to the Chief Inspector appropriately and within the timeframes required. The complaints procedure was displayed prominently in the centre, and on the centre's website as required by the regulations. Complaints were recorded, investigated and concluded by the person in charge, who was the nominated complaints officer. However, the complaints procedure required action to ensure it met the requirements of the regulation as detailed in Regulation 34: Complaints procedure.

Registration Regulation 6: Changes to information supplied for registration purposes

Where there had been a change of person in charge, the registered provider had notified the Chief Inspector in writing within ten days as required by the regulations.

Judgment: Compliant

### Regulation 14: Persons in charge

The person in charge is a registered nurse and worked full-time in the centre. They had the knowledge, experience and qualifications as set out in the regulations.

Judgment: Compliant

### Regulation 15: Staffing

There was a minimum of two registered nurses rostered in the centre at all times. Since the previous inspection, an additional healthcare assistant shift had been introduced from 8:00hrs to 14:00hrs and feedback from staff meetings indicated that this was working well.

Judgment: Compliant

### Regulation 16: Training and staff development

There was good oversight of training in the centre. Staff were up-to-date with all mandatory training and there was a comprehensive schedule in place to ensure staff remained current with training relevant to their role. In addition to training on fire safety and safeguarding, all staff had also recently completed training on the butterfly model of care.

Judgment: Compliant

### Regulation 21: Records

Records set out in Schedule 2, 3 and 4 of the regulations were maintained and available for inspection.

Judgment: Compliant

### Regulation 23: Governance and management

While there was a clearly defined management structure in place, some of the management systems in place required action

- there was a lack of oversight of care plans which did not ensure that they were consistent, as detailed under Regulation 5.
- there was a lack of oversight of some areas of the premises as detailed under Regulation 17.

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

All required notifications, as detailed in Schedule 4 of the regulations, were submitted to the Office of the Chief Inspector within the required timeframes.

Judgment: Compliant

### Regulation 34: Complaints procedure

While complaints were recorded and investigated by the person in charge, the complaints procedure did not provide for the complainant to receive a written response as required by the regulations.

Judgment: Substantially compliant

## Quality and safety

Overall, the inspector found that residents in Fairfield nursing home were supported to have a good quality of life and their rights were respected. However, some action was required with regards to care plans and premises as detailed under the relevant regulations.

Residents had good access to medical care, a number of local general practitioners (GPs) attended the centre regularly and residents were supported to have a GP that was acceptable to them. A physiotherapist attended the centre one day a week, and an occupational therapist attended every two months. Residents also had access to dietetics, speech and language therapy and specialist services, such as a tissue viability nurse, as required. Access to community services, such as palliative care and mental health services, was supported.

A sample of four residents' files were reviewed. Validated assessment tools were used to assess residents' care needs. Restrictive practice assessments were completed for residents who required them. Multidisciplinary meetings were held regularly between the person in charge, the physiotherapist and occupational therapist to review the use of restrictive practice. Responsive behaviour care plans were mostly person-centred and sufficiently detailed to guide care. However, some care plans were not updated in line with residents' needs, as detailed in Regulation 5: Individual assessment and care plan.

The premises was laid out to meet the needs and number of the residents who lived there. Residents had access to sufficient storage space, and were supported to bring their own belongings into the centre. Residents' linen and clothing were laundered on site. Outdoor areas were well-maintained, and accessible throughout the day of inspection. There was ongoing maintenance in the centre and the inspector saw that flooring had been recently replaced in some areas and two bedrooms had been painted with the resident's choice of colour. However, some action was required with regards to premises as detailed in Regulation 17: Premises.

Residents told the inspector they felt safe living in the centre, and that their choices were respected. Information on independent advocacy services was displayed in the centre, and an independent advocate attended the centre regularly to facilitate resident's meetings. Residents had access to radio, television, internet and other media. The inspector was told that activities were provided in keeping with the butterfly model of care, and on the day of inspection there were a mix of individual and group activities. The inspector observed residents using sensory objects, playing cards and participating in a lively balloon game at different points during the day.

## Regulation 12: Personal possessions

Residents had sufficient storage for their personal possessions and clothes, and each resident had access to lockable storage in their bedroom. Residents clothing and linens were laundered on site and systems were in place to return them to the resident.

Judgment: Compliant

## Regulation 17: Premises

While the premises largely conformed to Schedule 6 of the regulations, some action was required

- Storage in the centre was not adequate. For example, the inspector saw that the assisted bathroom was used primarily to store equipment such as a hoist and wheelchairs, which limited its use for residents.
- Sluicing facilities did not include a macerator/bedpan washer which increased the risk of cross contamination.
- In Rockmount house some wear and tear was noted on paintwork in communal areas.

Judgment: Substantially compliant

## Regulation 26: Risk management

The risk management policy was up-to-date and included information on the measures and actions to control specified risks including infectious diseases. There was a plan in place for responding to major incidents as required by the regulations.

Judgment: Compliant

## Regulation 5: Individual assessment and care plan

While some care plans were person-centred and sufficiently detailed to direct care, some gaps in documentation were identified, for example:

- While one resident had a wound care plan in place, the inspector saw that staff had identified other areas of concern in regards to skin integrity and the wound care plan had not been updated to reflect this.
- Two residents had medical reviews completed relating to their care; however, these were not incorporated into their care plans.
- One care plan had not been reviewed or updated within the timeframe required by the regulations.

Judgment: Substantially compliant

## Regulation 6: Health care

Residents had good access to GP services, in addition to health and social care professionals such as physiotherapy, occupational therapy and chiropody. Residents were supported to access community services as required.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

Risk assessments were in place for residents who used any form of restrictive practice. The use of restrictive practice was regularly reviewed at a multidisciplinary meeting. Policies which related to restrictive practice and responsive behaviour were up-to-date. Staff who spoke with the inspector displayed knowledge of how to effectively support residents who experienced responsive behaviours.

Judgment: Compliant

### Regulation 8: Protection

The registered provider had taken reasonable measures to ensure residents were protected from abuse. Safeguarding training was up-to-date for staff and there was a policy in place in regards to the detection and prevention of abuse. Residents told the inspector they felt safe living in the centre. Information on accessing advocacy services was displayed in the centre and an independent advocate attended regularly and facilitated resident meetings. The provider was not a pension agent for any resident.

Judgment: Compliant

### Regulation 9: Residents' rights

The inspector observed that interactions between residents and staff were positive and supportive. Residents' rights to choice, privacy and dignity were supported. Information on accessing advocacy services was displayed in the centre and an independent advocate attended regularly and facilitated resident 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
<b>Capacity and capability</b>	
Registration Regulation 6: Changes to information supplied for registration purposes	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
<b>Quality and safety</b>	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 5: Individual assessment and care plan	Substantially 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-0043260

Date of inspection: 04/03/2026

## 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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Fairfield Nursing Home has a robust management structure in place, with clearly defined roles of Director of Nursing, Director of Operations, and Administrators. The areas of improvement, identified by the inspector have been reviewed by the management team and upgrades to systems in place have been made accordingly.</p> <p>Fairfield Nursing Home views careplans as an integral part of guiding and providing each resident with person-centred care. Careplans are to be reviewed regularly but not more than every 4 months, or if there is a change in resident needs. Careplans have been audited as part of our Documentation Audit. However, to improve oversight of this we are implementing a new audit to specifically review careplans and their compliance with the regulations.</p> <p>We acknowledge there is some wear and tear in the premises, however an improvement plan for the premises is in place, as is also outlined in our Continuous Improvement Plan for 2026. We have already re-furnished and re-decorated our 3 sitting rooms, we have painted and refreshed resident bedrooms and we have re-floored 3 bedrooms and one of our sitting rooms. Further actions are outlined under Regulation 17.</p>	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>Fairfield Nursing Home welcomes all comments, complaints and compliments. We have a full policy on the management of complaints in place. Our policy had stated that "A full</p>	

investigation will take place within 30 working days resulting in a written report". We acknowledge that in order to comply with the regulations it should have stated that the complainant receives a written response. Since the inspection our policy has been fully reviewed and updated to comply with the regulations.

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Regulation 17: Premises	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises: Fairfield Nursing Home is committed to providing all of our residents with a safe, comfortable, well-kept and decorated home. We have completed multiple improvements to the home over the proceeding months, including painting, decorating, re-furnishing and re-flooring. We plan to continue this throughout 2026 and as part of this plan we are intending to relocate our laundry, improve our staff facilities and build an extension which will also allow for new sluice room and storage facilities. The assisted bathroom that was being used in part as storage, has been discussed by management and is under consideration, with the possibility of relocating the bath to a different area of the home to allow for conversion of the room to a designated storage room. As part of the proposed extension, we also are planning to build a new storage room. A sluice room is present in the facility; however, we do not have a bedpan washer or macerator. Currently, the Centre uses disposable pulp bed pans and urinals, which are disposed of in clinical waste, as per our policy and in line with national waste disposal guidelines. However, as part of our 2026 Improvement plan, we will be installing 2 new bedpan washers, one of which will be in our existing sluice room, the second will be in our new sluice room, as part of the planned extension. As part of our 2026 improvement plan, all areas with wear and tear are being re-painted. In Rockmount house, the main sitting room and resident bedrooms had already been re-painted, prior to inspection. The corridors and rose room sitting room are to be completed.

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Regulation 5: Individual assessment and care plan	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan: Fairfield Nursing Home views careplans as an integral part of guiding and providing each resident with person-centred care. Careplans are to be reviewed regularly but not more

than every 4 months, or if there is a change in resident needs. Each resident is assigned to a nurse, who is responsible for ensuring their careplans are up-to-date, relevant and person-centered. Careplans have been audited as part of our Documentation Audit. We will continue our practice of assigned nurses. However, to improve oversight of this we are implementing a new audit to specifically review careplans and their compliance with the regulations. Nurses will also receive in-house training on care planning to ensure understanding of same.

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## 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	30/09/2026
Regulation 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	30/05/2026
Regulation 34(2)(c)	The registered provider shall ensure that the complaints procedure provides for the provision of a written response informing the complainant	Substantially Compliant	Yellow	07/04/2026

	whether or not their complaint has been upheld, the reasons for that decision, any improvements recommended and details of the review process.			
Regulation 34(2)(f)	The registered provider shall ensure that the complaints procedure provides for the provision of a written response informing the complainant of the outcome of the review.	Substantially Compliant	Yellow	07/04/2026
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	31/05/2026