



**Health  
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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:	24 February 2026
Centre ID:	OSV-0005681
Fieldwork ID:	MON-0042405

## 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:	22
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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
Tuesday 24 February 2026	09:05hrs to 16:25hrs	Louise O'Hare	Lead

## What residents told us and what inspectors observed

This was an unannounced inspection conducted over one day. From what the inspector observed and what residents reported, Fairy Hill Nursing Home was a good place to live. The inspector spoke to ten residents during the inspection to gain an understanding of their lived experience. Residents all spoke positively about the staff working in the centre describing them as "very nice". One resident told the inspector that "they look after us well here", while another resident spoke highly of the care they received. Some residents were unable to describe their experience of the centre; however, the inspector observed that they appeared to be content in their environment, and with staff and other residents.

On arrival the inspector was greeted by the person in charge, and accompanied them on a walk around the centre before completing a brief introductory meeting. There were eight residents enjoying breakfast in the dining room, with a staff member present to provide assistance as required. The inspector was told breakfast was served between 07:30am and 11:00am each morning, so residents could eat at a time of their choosing.

Fairy Hill Nursing Home is located in a residential area on the outskirts of Mallow town. The centre is a two storey building with residents' rooms and communal areas arranged on the ground floor and staff offices located on the basement level. The entrance to the centre leads in through a bright conservatory which is adjacent to a large living room. Other communal areas available to residents included a dining room and lower sitting room. Communal areas were nicely decorated and furnished. The inspector was told that the lower sitting room was used primarily for visitors. The centre was seen to be clean and warm, and corridors were decorated with colourful paintings. There was minor wear and tear on the paintwork of some walls and handrails which required attention.

Bedroom accommodation was comprised of eight single and seven twin rooms. Eight bedrooms had an en-suite with toilet and wash hand basin, and there were three communal bathrooms in the centre. Bedrooms were personalised with residents' personal items, and each resident's space had a television, call-bell and bedside locker. Most bedrooms had sufficient storage space; however, one twin bedroom had limited storage for one resident.

The inspector observed interactions between residents and staff were friendly and kind. Residents spoke positively of staff in the centre, describing them as "very nice". However, one resident told the inspector that he sometimes found it difficult to communicate with staff. The person in charge was aware of this and told the inspector that they met with the resident frequently to ensure any concerns were addressed.

The inspector observed the dining experience during breakfast and the midday meal. The majority of residents took their meal in the dining room, with some preferring to eat in their bedrooms. Two large chalkboards displayed the daily menu. There were sufficient staff to help residents in a respectful and unhurried manner. Meals, including those that were required to have a modified texture, appeared appetising.

The weekly activities schedule was written on a notice board in the sitting room. Residents had access to television, radio, newspapers and other media. Activities were facilitated by healthcare staff, and a number of external facilitators. A musician attended the centre weekly, a physiotherapist provided a weekly exercise group and another facilitator attended twice weekly to provide reflexology, and arts and crafts sessions. In the afternoon the inspector observed residents having individual hand reflexology sessions and one resident told the inspector how much they enjoyed these. The inspector observed that a number of healthcare staff were in the day room, chatting with residents and facilitating other activities including ball games and jigsaws with residents.

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

This was an unannounced inspection, carried out over one day by an 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, this inspection found that this was a well-managed centre with a clearly defined management structure in place. The inspector saw that the provider was implementing the compliance plan from the previous inspection which focused on infection prevention and control. However, further action was required with regards to care plans and safeguarding, and these are detailed under the relevant regulations in this report.

Fairy Hill Nursing Home Limited is the registered provider of Fairy Hill Nursing Home. The company director was involved in the day-to-day operations of the centre, and was on site three days a week. The person in charge was also company secretary and worked full-time in the centre. They were supported in their role by an assistant director of nursing and two clinical nurse managers (CNMs), as well as a team of registered nurses, healthcare assistants, administrative and maintenance staff. There were appropriate deputising arrangements in place when the person in charge was temporarily absent. There was a clearly defined management structure in place with identified lines of authority and accountability. Arrangements were in place for staff to raise concerns about the quality and safety of care through staff

meetings, and staff who spoke with the inspector told them they could raise issues with management.

The inspector saw that governance meetings took place every three months, and focused on supporting quality improvement. There was a schedule of audits in place on non-clinical topics such as the dining experience, call-bell wait times and hand hygiene. Clinical audits included antimicrobial stewardship, wound care and medication management. Results of audits and corrective action taken were recorded. Key performance indicators (KPIs) were recorded to monitor care including information on incidence of falls, weight loss and pressure ulcers. Antimicrobial stewardship audits were completed, and the inspector saw that there were no prophylactic antimicrobials in use in the centre on the day of inspection.

An annual review of the quality and safety of care delivered to residents in 2025 had been prepared and was made available to the inspector. The review had been prepared with information from KPIs, audits and surveys. A quality improvement plan had been developed and included items such as ongoing maintenance and outings for residents.

There was a minimum of one registered nurse rostered on duty at all times as required by the regulations. On the day of inspection there was a sufficient number and skill-mix of staff to meet the assessed needs of residents. The provider demonstrated a commitment to provide ongoing training in the centre. Staff were up-to-date with mandatory training, and fire safety training was being conducted on the day of inspection. The person in charge and a CNM had recently completed IRESTORE training (a early warning system to detect acute clinical deterioration in older adults living in residential care), and planned to implement this in the centre. Three staff members had also recently completed a Caru programme (a continuous learning programme supporting care and compassion at end of life in nursing homes).

There was an up-to-date complaints policy and procedure in place which met the requirements of the regulations. The person in charge was the complaints officer for the centre. Complaint records were reviewed by the inspector and complaints were investigated by the person in charge. Documentation of the investigation was recorded and included the outcome, including whether the complaint was upheld, and relevant actions taken. Incidents were documented and notified to the office of the chief inspector in a timely manner.

## Regulation 15: Staffing

The person in charge worked full-time in the centre. There was a minimum of one registered nurse rostered on duty at all times. On the day of inspection there was sufficient staff to meet the needs of the residents based on the size and the layout of the centre.

Judgment: Compliant

### Regulation 16: Training and staff development

Mandatory training in the centre was up-to-date. Fire safety training for staff took place on the day of inspection. Staff were facilitated training on other topics to improve the standard of care being delivered to residents. For example, the person in charge and CNM had completed training in IRESTORE. Additionally, two staff nurses and a healthcare assistant had recently completed a CARU programme.

Judgment: Compliant

### Regulation 23: Governance and management

There was a clearly defined management structure in place with identified lines of authority and accountability. An annual review of the quality and safety of care had been completed with an associated quality improvement plan, and was available for inspection. Arrangements were in place for staff to raise concerns about the quality and safety of care.

Judgment: Compliant

### Regulation 31: Notification of incidents

Incidents, including quarterly reports, were notified in writing to the office of the Chief Inspector in a timely manner as required by the regulations.

Judgment: Compliant

### Regulation 34: Complaints procedure

The complaints procedure met the requirements of the regulation, and was displayed prominently in the centre. Complaints were investigated by the person in charge, and relevant outcomes and action taken were documented.

Judgment: Compliant

## Regulation 4: Written policies and procedures

Schedule 5 policies and procedures were prepared in writing and available for inspection. They had been reviewed and updated in a timely manner as required by the regulations.

Judgment: Compliant

## Quality and safety

Overall, the inspector was assured that residents in the centre received a good standard of care. There was evidence of consultation with residents and that their choices were respected. However, improvements were required in individual assessments and care planning, Infection prevention and control, and protection, as detailed under the relevant regulations.

A sample of three care plans were reviewed and the inspector found that care plans were prepared within 48 hours of a resident's admission to the centre, and reviewed at intervals not exceeding four months or sooner when required. Validated assessment tools were used to inform care planning, and residents who used a medical device, such as an urinary catheter, had an appropriate plan in place to guide care. History of relevant medical conditions, such as multidrug resistant organisms (MDROs), were clearly documented. However, further action was required to ensure that care plans were sufficiently detailed to direct care, as per Regulation 5: Individual assessment and care plan.

A general practitioner (GP) and a physiotherapist attended the centre weekly and it was evident from relevant notes and assessments that residents were reviewed regularly. There was also access to other health and social care professionals such as occupational therapy, and speech and language therapy. A chiropodist attended the centre regularly. There was good access to community palliative care services, and records showed they attended the centre as required.

Residents had nutritional assessments completed, and their weights were monitored. Dietary requirements were clearly documented and communicated to catering staff. Meals appeared wholesome and nutritious and were served in sufficient quantities. There were sufficient staff available to assist residents as required at mealtimes.

The provider had ensured that staff had training in responsive behaviours. Comprehensive assessments were completed for the use of restrictive practice, and these were reviewed by the GP and physiotherapist. There was documentation that showed less restrictive options had been considered or trialled. Safeguarding

training was up-to-date for all staff, and residents reported they felt safe living in the centre. A safeguarding policy was in place to provide guidance on the prevention, detection and response to abuse. However, further action was required to ensure protection for residents, as detailed in Regulation 8: Protection.

Staff were up-to-date with training in infection prevention and control (IPC), and the provider had nominated a CNM to the role of IPC link practitioner to support staff to implement effective IPC processes in the centre. A number of other improvements had been made with regards to infection prevention and control. For example, the layout of the laundry room had been reviewed, and allowed for the functional separation of clean and dirty linen. Hand sanitiser dispensers had been upgraded and the bedpan washer had been serviced and was working correctly on the day of inspection. Associated water supply issues had been addressed and hand washing sinks were working on the day of inspection. However, some action was required as outlined under Regulation 27: Infection prevention and control.

Residents rights were promoted in the centre. The inspector saw that residents' rights and choices were respected, such as when to get up, or where to spend their day. Residents meetings were conducted regularly, and a number were attended by an external advocate. The inspector saw from minutes of meetings, that issues raised in relation to topics such as food, were followed up and actioned. Information on independent advocacy services was displayed in the centre.

### Regulation 18: Food and nutrition

Daily menus were displayed on chalkboard displays in the dining room. There were sufficient staff available to offer assistance to residents who required it in an unhurried manner. Meals appeared wholesome and nutritious. Nutritional assessments were completed, and dietary requirements were documented and communicated.

Judgment: Compliant

### Regulation 27: Infection control

Since the previous inspection the provider had implemented a number of improvements; however, further action was required to ensure national guidance in relation to infection prevention and control was implemented in the centre as required. For example, while there was a number of clinical handwash sinks available to staff, they did not comply with the mandated national standards.

Judgment: Substantially compliant

## Regulation 5: Individual assessment and care plan

While a number of improvements were noted, further action was required to ensure care plans were sufficiently detailed to direct care:

- Manual handling plans did not state the size of sling to be used when a resident was using a hoist, as per the centre's policy. This could lead to increased risk of injury during hoist transfers.
- One care plan contained outdated information which could lead to potential errors in care.

Judgment: Substantially compliant

## Regulation 6: Health care

Residents had good access to GP care. A physiotherapist attended the centre weekly, and the inspector saw that referrals were sent to other health and social care professionals as appropriate. There were good links to community palliative care services in place.

Judgment: Compliant

## Regulation 7: Managing behaviour that is challenging

Care plans relating to responsive behaviour were person-centred and contained sufficient information to direct care. Where restrictive practice was used in the centre, appropriate assessments were completed and reviewed by the GP and physiotherapist. Documentation indicated that less restrictive options were trialled.

Judgment: Compliant

## Regulation 8: Protection

While a number of good practices were in place, further action was required to ensure effective protection for residents:

- While there was a policy requirement for two signatures to sign residents' petty cash transactions, a sample of records reviewed showed only one signature. This practice did not protect the resident or staff member.
- One complaint alleging neglect of personal care had not been appropriately recognised as a safeguarding concern.

Judgment: Substantially compliant

### Regulation 9: Residents' rights

Residents were facilitated to undertake personal activities in private. Resident meetings were held regularly in the centre, in line with the centre's statement of purpose, and regularly attended by an external advocate. Residents had access to newspapers, television and other forms of media.

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>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Substantially 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	Substantially compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Fairy Hill Nursing Home OSV-0005681

Inspection ID: MON-0042405

Date of inspection: 24/02/2026

## 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 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>A risk assessment has been completed for these sinks and is in place.</p>	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>Manual and patient handling care plans have been updated to include the correct sling sizes required when using a hoist. The PEEP has also been updated to reflect the appropriate sling size for each resident.</p> <p>All residents' care plans have been reviewed and updated to ensure they are current and accurately reflect their care needs.</p>	
Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <p>Complaints will be carefully assessed and taken into consideration. Health Information and Quality Authority (HIQA) will be notified if necessary. All staff members are aware of this practice.</p> <p>All nursing staff are now aware that it is mandatory to have a co-signature when dealing</p>	

with residents' finances.

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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 27(b)	The registered provider shall ensure guidance published by appropriate national authorities in relation to infection prevention and control and outbreak management is implemented in the designated centre, as required.	Substantially Compliant	Yellow	27/03/2026
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	20/03/2026
Regulation 5(4)	The person in charge shall formally review, at intervals not	Substantially Compliant	Yellow	20/03/2026

	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.			
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Substantially Compliant	Yellow	20/03/2026