



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:	Unannounced
Date of inspection:	05 October 2021
Centre ID:	OSV-0005681
Fieldwork ID:	MON-0034123

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 21 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. It is a mixed gender facility, catering for residents with low dependency to maximum dependency needs. It offers care to long-term residents and to short-term residents requiring, convalescent and respite care. Twenty four hour nursing care is provided supported by a well trained team of care staff, cleaning and laundry staff. Medical and other allied healthcare professionals provide ongoing health care for residents in the centre. There are a range of activities provided and complaints are welcomed and addressed. There is choice of food at each meal time and daily papers are delivered,. The centre is owner-managed and the management team strive to provide a homely, caring, safe and person-centred "home from home".

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

21

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 5 October 2021	09:30hrs to 18:15hrs	Mary O'Mahony	Lead

What residents told us and what inspectors observed

Residents who resided in Fairy Hill Nursing Home told the inspector that they were happy living in the centre. Overall, residents were extremely complementary about the staff caring for them, stating that they were very kind, pleasant and nice. One resident said they wished "all nursing homes were like this". The inspector spoke with all residents throughout the day and with four residents in more detail. In addition, the inspector met with three visitors who had scheduled visits. Residents told the inspector that staff always answered when they called and that they were treated very well. They said they were relieved that the centre had remained free of the COVID-19 virus. They spoke positively with the inspector about how they spent their days and they were seen to be happily occupied during the afternoon of the inspection day.

The inspector arrived unannounced to the centre at 9am, and was guided through the infection prevention and control measures necessary on entering the designated centre. These processes included hand hygiene, wearing a face mask, and temperature check. Following an opening meeting with the person in charge, the inspector was accompanied on a tour of the premises. At this time, residents were observed in their rooms having breakfast, in the dining room having breakfast or sitting in the foyer. The inspector observed that there appeared to be sufficient staff on duty to attend to residents' needs. This had a positive impact on residents' care as the inspector observed that call-bells were answered promptly and there was time for social conversation with residents. In relation to infection control, throughout the day, staff were seen to wash their hands frequently, to use the hand sanitising gel appropriately and to wear personal protective equipment (PPE), such as masks, in the correct manner.

Each bedroom was seen to be personalised with photographs, pictures, books and small items of furniture with the help of family and staff. Daily newspapers were available and were seen to be read throughout the day. Residents said that the centre felt 'homely' and they enjoyed the company of other residents in the sitting and dining room. One resident told the inspector, "I could not ask for a better home to home", while another said that the care "exceeds expectations". A socially distanced group were seen to play a competitive game of bingo and skittles during the inspection. The well-furnished and nicely planted garden patio area was accessible all day. Residents spoke with the inspector about the hairdressing service which had resumed following the initial precautions. Residents stated that they always felt a sense of well-being when they could choose a new outfit and get their hair done. They looked very well groomed and it was obvious that they had a nice selection of clothes available to allow a daily change.

Documentation relating to residents' survey results and residents' meetings were reviewed. This indicated a high level of satisfaction with the management team, the staff and all aspects of care. Minutes of residents' meetings demonstrated that a wide range of issues, including the COVID-19 risks, were discussed at the meetings,

as well as news from the community. Residents said that they were encouraged to maintain communication with family members throughout the difficult year of the virus and were delighted to be able to meet their visitors in person again. Visitors were seen to be appropriately risk assessed on entering the centre. Those spoken with praised staff, the management team and communication in general. One relative said that she "couldn't say enough" about the "unbelievable" care, the "attentive provider", the "lovely staff" and the "attention to detail".

The meals were nicely presented with choice available at each meal. Residents' likes and dislikes were known to staff and recorded in the minutes of meetings. A review of these records indicated that the catering team addressed areas for improvement as identified by residents such as suggestions regarding food choice and home baking. During this inspection the inspector was informed by the management team that they were constantly reviewing the dining experience for residents and personal nutrition plans had been developed, based on updated training and best practice initiatives. Residents informed the inspector that there was attentive medical care available and they felt safe in the centre.

Residents said that staff were supportive and they were thankful for the kind and respectful care they received. Residents spoke with the inspector about the daily events which kept them occupied and they were excited about upcoming Halloween celebrations. Residents were hopeful that visits from local children would recommence in the future. A number of pictures and cards from the school children had been sent in to cheer residents when their visitors were restricted.

Staff maintained photograph albums throughout the COVID-19 pandemic period with pictures of special celebrations, activities and outings which were attended, within the advice and guidelines for infection control. This indicated that residents had recently enjoyed outdoor activities such as, outdoor walks, visiting outdoor places of interest and gardening.

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

On this inspection, 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 and clearly set out. The management team had been proactive in responding to findings on previous inspections. The inspector saw that the comprehensive audit and management systems set up in the centre ensured that good quality care was delivered to residents. Nevertheless, some improvements were required in the maintenance of

staff files.

Fairy Hill Nursing Home was a designated centre for older people operated by Fairy Hill Nursing Home Limited. There was a clearly defined management structure in place, with clear lines of authority and accountability. The organisational structure within the centre was changed since the previous inspection with the appointment of new assistant director of nursing. At operational level, support was provided by a director of the company, representing the provider, who was present in the centre three days a week. The centre was managed by an appropriately qualified person in charge, who was knowledgeable of the responsibilities of the role. She was supported in the delivery of care by nurses and a healthcare team, as well as household, catering and administration staff. Staff told the inspector that they were facilitated to communicate regularly with management personnel and were aware of their obligations in relation to safeguarding of residents. There was evidence that regular management and staff meetings took place, where topics such as risk, human resources, COVID-19, complaints and incidents were discussed. These meetings ensured that information on residents' changing needs was communicated effectively.

The service was appropriately resourced. Overall, the staffing number and skill mix on the day of inspection was appropriate to meet the care needs of residents and staff were observed to have the required competencies and experience to fulfil their roles and duties. The inspector was shown an adequate supply of personal protective equipment (PPE) which was available in the event of an outbreak of COVID-19 and to prevent cross infection at the present time. Staff retention was high and staff were supervised throughout their probation and annual appraisal meetings thereafter. A quality management system, which included reviews and audits, was in place to ensure that the service provided was safe and effective. The recording and investigation of incidents and complaints included an assessment of learning and a revision of practice, where necessary. The inspector saw that the regulatory annual review of the quality and safety of care had been completed for 2020. A number of actions from this review were seen to have been addressed, such as the addition of two new bedrooms, a clinical storage room, a new washing machine and new kitchen equipment.

Staff received training appropriate to their various roles, which was required to update their knowledge and support them to provide best evidence-based care to residents. COVID-19 specific training had been undertaken such as, correct hand hygiene, cleaning regimes and donning and doffing PPE. There were regular in-house training sessions for staff on infection control procedures as well as access to online learning. As a result, staff were aware of their responsibility to keep residents safe and generally, demonstrated good practices in infection prevention and control during the course of this inspection.

Copies of the appropriate standards and regulations for the sector were available to staff. Maintenance records were in place for equipment such as hoists, beds and fire safety equipment. Records and documentation required under Schedule 2, 3 and 4 of the regulations were securely stored, maintained in good order and easily

retrievable for inspection purposes.

Regulation 14: Persons in charge

The person in charge was experienced in the role and fulfilled the requirements of the regulations. She was engaged in continuous professional development and led the care team with expertise and knowledge.

Judgment: Compliant

Regulation 15: Staffing

A review of the roster was seen to reflect the staffing levels discussed with the person in charge. There were sufficient staff on duty, in various roles, on the day of inspection to meet the assessed needs of residents. There was a registered nurse on duty at all times.

Judgment: Compliant

Regulation 16: Training and staff development

The training matrix revealed that all staff had received mandatory and appropriate training for each role. For example, staff in the kitchen had completed food safety training and training on nutrition, nursing staff had attended medicine management training and housekeeping staff had been trained in the appropriate cleaning products to use.

Induction and appraisal forms were completed for staff and competency training was undertaken where appropriate.

Copies of the regulations and standards were made available to staff and staff were supervised in their daily duties.

Judgment: Compliant

Regulation 21: Records

In the sample of files viewed by the inspector the references and referees had not

all been verified by the provider.

Additionally, one CV was not complete as there were unexplained gaps evident.

Judgment: Substantially compliant

Regulation 23: Governance and management

There was a clearly defined management structure in the centre with a member of the management team on night duty also. The person in charge worked full time in the centre. The director of the company, who represented the provider, was available in the centre at least three days a week and was supported by an administration assistant. A new assistant director of nursing had been appointed. This member of staff was undergoing a programme of mentoring and training with the person in charge.

The annual review of the quality and safety of care had been completed for 2020 and information for the 2021 report was being collated such as the audit outcomes, staff and residents' survey results and plans for the premises extension.

There were comprehensive management systems in place to ensure a safe, consistent, appropriate and monitored service:

For example:

- key performance indicators were collected weekly and audited, such as falls, infections, the use of restraints and skin integrity.
- incidents and accidents were audited and any trends were identified, training was updated where necessary.
- complaints were recorded, reviewed and followed up. The satisfaction or not of any complainant was recorded.

Judgment: Compliant

Regulation 24: Contract for the provision of services

Contracts were in place for all residents which detailed the fees and the room number of each resident. One contract was yet to be signed as the resident was unable to complete the document. Alternative arrangements were in progress, such as the involvement of an advocate for the resident.

Judgment: Compliant

Regulation 3: Statement of purpose

The required elements were set out in the statement of purpose, including for example, a statement on the ethos of care, care plan development, the management and staffing arrangements and the complaints procedure.

Judgment: Compliant

Regulation 31: Notification of incidents

Specified incidents had been notified to the Chief Inspector in accordance with the regulations in a timely manner.

These included falls where a resident was hospitalised, or any sudden death.

Judgment: Compliant

Regulation 34: Complaints procedure

- Complaints were recorded. A review of the complaints book indicated that issues were proactively addressed.
- For example, where a resident said that she felt cold, extra heaters were sourced for the bedroom. The satisfaction of the resident was recorded.
- Where a resident had requested an alternative to residential care, an independent advocate had been contacted to ensure the resident's voice was heard and their rights were promoted.

Judgment: Compliant

Regulation 4: Written policies and procedures

Policies and procedures, as required under Schedule 5 of the regulations, were in place and up to date.

Infection control policies and COVID-19 related policies were live documents which were updated according to any new Health Protection Surveillance Centre (HPSC) guidelines.

Judgment: Compliant

Quality and safety

Overall, residents were supported and encouraged to have a good quality of life which was respectful of their wishes and choices. There was evidence of good consultation with residents and their needs were being met through timely access to healthcare services and opportunities for social engagement. They stated that they were relieved that they did not experience an outbreak of the COVID-19 virus and they acknowledged the work and effort of staff, their relatives and the vaccination team which all combined to keep them safe. Nonetheless, this inspection found that improvements were required in relation to monitoring infection control practice, premises upgrade and personal possessions.

Bedroom accommodation consisted of eight single occupancy bedrooms and seven twin-bedrooms some with en-suite toilet facilities, others with toilet and shower in close proximity. Communal accommodation was provided in a choice of two lounges, a conservatory and a bright dining room. Some rooms had high ceilings and large picture windows which looked out over the surrounding countryside. The provider had plans in motion to add an extension to the premises to address any shortcoming due to the age and era of the original building, this included fully en-suite bedrooms, additional storage, a hairdressing salon and a larger sluice room.

Residents' records were maintained on a paper-based system which were easy to read and accessible to residents. Residents' needs were assessed using clinical assessment tools and care plans were developed to meet residents' identified needs. The inspector reviewed five care plans during this inspection. Care plans were underpinned by a human rights-based approach and ethos. Overall, care plans were person centred, periodically reviewed and updated at least every four months, as required under the regulations.

The health of residents was promoted through ongoing medical review and general assessments included skin integrity, malnutrition, and falls. Care plans for health issues were developed with residents' support or that of a representative and were based on information from residents' life stories as well as their past medical history. Residents had good access to general practitioners (GPs) and there was evidence of regular medicine reviews. Dietitian and speech and language services (SALT) were provided by a private nutritional company. There was access to weekly physiotherapy and occupational therapy services when required. Residents also had access to specialist services including podiatry, dental, palliative care, wound care and old age psychiatry where relevant. Input from the multidisciplinary team was evident in the sample of care plans reviewed by the inspector.

Staff in the centre monitored residents and staff for COVID-19 infection and residents and their families were informed of any test requirement. Vaccinations against the virus had taken place for staff and residents. The contingency plan and

preparedness for the management of an outbreak of COVID-19 was seen to be a comprehensive document.

Residents' general wellbeing was enhanced by the choice of appropriate activities available to meet their preferences and choices. The community were very supportive, sending in good wishes cards and treats during the time that visits were restricted. Residents' meetings were held which provided opportunities for residents to express their opinion, to discuss their anxiety at the visitor restrictions and their worries about the COVID-19 virus. Minutes of these meetings were documented in a manner which demonstrated an understanding of the personal feelings of residents. Efforts had been made to allow visits in exceptional cases, such as those feeling depressed or at the end of life. Mass was facilitated, currently by video link to the local church, on a weekly basis and monthly in the centre.

Comprehensive systems had been established to support residents' rights and their safety:

For example,

- audit and review of the need for restraint such as, bedrails.
- antimicrobial stewardship audit (to reduce any unnecessary antibiotic use)
- mandatory and appropriate training
- external advocacy access
- meaningful activity programme
- respectful approaches
- transparent family communication and promoting daily life choices.

Required improvements in relation to premises, infection control and personal possessions among other quality and safety aspects of care were detailed under the respective regulations in this dimension of the report.

Regulation 11: Visits

Residents stated that they were happy with the visiting arrangements.

Visits were managed in line with the current HPSC guidance (COVID-19 Guidance on Visits to Long Term Residential Care Facilities). In general, visitors used a side-door for access to the spacious visitors' room. The provider had ensured that there were suitable private and communal areas available for residents to receive their visitors. Visitors were seen to be appropriately risk assessed on entering the centre.

Judgment: Compliant

Regulation 12: Personal possessions

Some personal clothes were not marked and were stored in a basket in the store room, therefore they were not returned to their owner.

The person in charge stated that this issue would be resolved and that a new system would be brought in to mark the clothes in a more permanent manner so that they could be identified for return to their owners.

Judgment: Substantially compliant

Regulation 13: End of life

Residents' wishes for end-of-life care were recorded. These were supported by care plans and doctor's input where relevant.

The inspector saw a number of cards and letters written to staff praising them and thanking them for the respectful end-of-life care which their family member had received.

Judgment: Compliant

Regulation 17: Premises

- Areas of woodwork were scuffed in some areas. These areas were listed on the painting schedule for the centre, which was seen to have commenced.
- Some flooring required repair as the impact of the under-floor heating had softened the floor covering in some bedrooms leading to damage from the bed wheels. There was evidence that this was being addressed and repaired on a regular basis. The provider had a plan to replace the two remaining carpets and this scheduled work was planned for mid-October. Carpets were currently being steam cleaned weekly or as required to support effective infection control measures.
- There were no dedicated, clinical hand wash basins in the centre.
- There was no hairdressing salon in the centre so residents were required to use a bathroom for this activity.
- The external pathway by the laundry required a clean up as old paint cans were stored there along with other items.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

There was very good practice observed under this regulation.

The dining room could sit 18 residents comfortably and was nicely decorated. The menu was clearly displayed. Soft music was playing during mealtimes adding a relaxed ambiance. New tables had been purchased.

The chef had attended a number of training courses on nutrition and food safety. This resulted in the development of individual nutrition plans in collaboration with the person in charge. The kitchen was spacious, very clean and well stocked. The chef, who was very familiar with residents' preferences, said that any item of food requested was supplied and provided to each resident. The chef explained that she met each resident or their family on admission, to ensure that they were able to access the type of food they liked at home. Fresh baking was evident and a Victoria sponge cake was freshly baked in the afternoon, in time for tea.

The inspector observed that there were at least five different varieties of dishes presented to residents at teatime, including, fried eggs, scrambled eggs, hash browns, sandwiches, soft diet mixture and beans. Residents were looking well and healthy with the varied diet which they said they really enjoyed. It was apparent to the inspector that food, nutrition and enjoyable mealtimes formed an integral part of residents' daily lives.

Judgment: Compliant

Regulation 20: Information for residents

There was an information booklet available to residents, as well as copies of the annual review and the inspection reports, if they wished to read them. Minutes of residents' meetings indicated that residents were kept up to date with news about the virus, news from the community and actions to take to improve their protection during this COVID-19 era, such as social distancing and hand sanitiser use.

Judgment: Compliant

Regulation 26: Risk management

The risk register was populated with all the relevant risks. It included the risk of COVID-19 which was also assessed individually and available in residents' personal files.

The centre had an up-to-date health and safety statement in place as well as an

emergency plan and procedure.

Judgment: Compliant

Regulation 27: Infection control

- The inspector found that a number of the wall-mounted hand sanitisers were not working. These were replaced.
- In addition, new bathroom bins were required as the ones in use were not pedal operated and had no lids.
- Commodes required moving from the sluice room to an external store to clear access to the hand wash basin in the sluice.
- Urinals were lying in a basin in the sluice room. A rack was purchased for the correct storage of urinals.
- There was no label on one bottle of prepared cleaning product which meant that an incorrect product may be used. This was rectified.

Judgment: Substantially compliant

Regulation 28: Fire precautions

- Fire safety equipment was serviced and certified by a suitably qualified person.
- The required fire safety checks had been completed.
- Fire drills were undertaken regularly including evacuation drills.
- Staff were familiar with horizontal evacuation methods and compartmentation: (moving residents horizontally from one compartment to another where a fire safe door provided additional time and protection from smoke and fire).
- A fire evacuation drill had been undertaken in the largest compartment using the night staffing levels. This ensured that the provider was assured that there was continuous improvement in the time taken to evacuate residents safely, particularly at night time when staffing levels were reduced.
- An added safeguard was that a red light would light up over any room where the fire alarm was sounding: this meant that staff could quickly identify the affected room and zone.
- Each room had the resident's individual personal evacuation plan behind the wardrobe door and a place location/fire exit map on the wall.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Medicines were carefully managed in line with An Bord Altranais agus Cnaimhseachais 2020 guidelines for nurses. The sample of controlled drugs checked was seen to be correct and this stock was counted by two nurses at each change of shift. The pharmacist supported good practice by auditing the use of psychotropic (a type of sedative) medicines and training staff if required.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Care plans had been developed for each individual person. They were found to be easy to negotiate and clearly set out the needs and choices of residents.

Innovative practice was seen in this aspect of care:

- Each care plan was preceded by an overview document setting out the preference and rights for that individual in areas such as, activities, end-of-life care, current affairs and privacy. This document had been developed by the person in charge based on the 'Human rights based approach to care' training modules, developed by the Health Information and Quality Authority (HIQA). These modules were available on-line and had been completed by staff to support this ethos.
- In addition, the person in charge and the chef had collaborated in the development of individualised nutrition plans for each resident which were found to be detailed and populated with information gained from residents and their relatives where appropriate.

Judgment: Compliant

Regulation 6: Health care

There was good access to local general practitioners (GPs) and a consultant, if required. Residents had availed of a range of other health professional advice and care which had continued throughout the pandemic. Dietitian visits to the nursing home had resumed in recent weeks and documentation seen by the inspector confirmed this. There was also good input from local palliative care services and psychiatry of old age.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Staff were trained in this aspect of care for any resident with behavior and psychological symptoms of dementia (BPSD).

Care plans were available in residents' files which provided advice on residents' usual communication methods and how to preempt any behaviour escalation.

Judgment: Compliant

Regulation 8: Protection

The inspector was satisfied with the measures in place to safeguard residents and protect them from abuse.

All staff had An Garda Síochána (Irish police) Vetting (GV) disclosures in place, prior to commencing employment in the centre. The registered provider facilitated staff to attend training in safeguarding of vulnerable persons, and all staff had completed this training. Those spoken with were knowledgeable of how to report any allegation of abuse. Records reviewed by the inspector provided assurances of the ongoing commitment to training and addressing any allegations of abuse.

Judgment: Compliant

Regulation 9: Residents' rights

A human rights-based approach underpinned the ethos of care in the centre and this approach was evident in how residents were spoken with and how they were facilitated to engage fully in life in the care centre.

Residents' survey results and minutes of residents' meetings were reviewed. These indicated that residents were made aware of any changes in the centre. Residents felt that their rights were respected and the advocacy service was accessed to provide additional support where a resident was experiencing challenges which impacted on their happiness or on other residents' rights.

Residents said that their choices were respected in relation to visits, meals, bedtimes, to access outdoor activities, personal newspapers and mobile phones.

The hairdresser and the chiropodist visited on a regular basis and these visits were

documented.

Visitors said that there was very good communication with staff about their relatives throughout the COVID-19 pandemic and residents were appreciative of staff efforts to keep them safe and free from infection.

Survey results described staff as like "family" and one person said that the owners were "exceptional exponents of where older adult care should be in Ireland".

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	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 Fairy Hill Nursing Home OSV-0005681

Inspection ID: MON-0034123

Date of inspection: 05/10/2021

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 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: All the staff files are up to date and the references are verified and completed.	
Regulation 12: Personal possessions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 12: Personal possessions: Introduced new labelling system and allocated staff member for the same. Completed on 10/11/2021	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: Interior maintenance and painting works is now completed (25/11/2021). flooring jobs are awaiting to start, will be completed before the 01/01/2022. Gate outside the laundry room is now in place.	

Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>Additional sanitising stations introduced in the corridor. Hand washing units for the corridor Will be completed before 12/12/2021. New closed bins are in use now. Cleaning products are specifically labelled.</p>	

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 12(a)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that a resident uses and retains control over his or her clothes.	Substantially Compliant	Yellow	10/11/2021
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	01/01/2022
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and	Substantially Compliant	Yellow	02/12/2021

	4 are kept in a designated centre and are available for inspection by the Chief Inspector.			
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	12/12/2021