



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:	Short Notice Announced
Date of inspection:	26 August 2020
Centre ID:	OSV-0005681
Fieldwork ID:	MON-0030032

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 new centre registered to provide care to 20 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 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 health care 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, person-centred "home from home".

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

19

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 26 August 2020	09:30hrs to 17:15hrs	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 with activities, their accommodation and the food. They said they were relieved that the centre had remained free of the COVID 19 virus. They had received advice on hand washing and on the importance of physical distancing. Residents were very pleased that the national guidelines on visiting had been amended and that their visitors were now allowed back on a supervised basis. They spoke positively with the inspector about how they spent their days in the centre and they were seen to be happily occupied during the afternoon of the inspection day. 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 were reviewed. It was apparent that a wide range of issues, including the COVID 19 risks, were discussed at the meetings and were addressed promptly.

The meals were nicely presented with choice available at each meal. Residents' likes and dislikes were known to staff. Residents informed the inspector that there was attentive medical care available and they said that they felt safe in the centre. Staff kept them up to date with news from the community particularly at the time of visitor restrictions. Residents said that they were encouraged to maintain communication with family members by video-call and mobile phone throughout the last three months. This was confirmed in records seen of family communication. Each bedroom was 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. A socially distanced group were seen to play a competitive game of bingo 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 now, following the 'lockdown'. Residents stated that they always felt a sense of well-being when they had their hair done. The inspector found that residents were very well groomed and it was obvious that they had a nice selection of clothes available daily.

Residents said that staff were supportive and they were thankful for the kind and respectful care they received. The management personnel said that residents were enabled to fulfil their potential taking into account their different abilities. Residents spoke with the inspector about the daily events which kept them occupied and they spoke about previous celebrations. They particularly liked the pre-COVID 19 visits from local schools due to the inter-generational connections. They were hopeful that these visits would recommence in the future and letters were on display which had been sent from these children during the period of restricted visitors.

Staff maintained a photographic diary throughout the COVID 19 'lockdown' and also of special celebrations. This indicated that residents had recently been enjoyed

outdoor activity such as, outdoor snacks, hanging out the washing from the in-house laundry and planting flower boxes.

Capacity and capability

This was a short-term (two days) announced, risk-based inspection conducted over one day. Fairy Hill nursing home had a good history of compliance with the regulations. The provider had applied to renew the registration of the centre and this inspection was part of the process.

This was found to be a very good centre. There were effective governance and management systems in the centre which ensured that safe and high quality care was delivered to residents. Residents' care and safety needs were discussed in more detail in the Quality and Safety dimension of this report.

The registered provider representative (RPR) was present in the centre on a daily basis. The centre was managed by an appropriately qualified person in charge, who was responsible for directing the care and leading the care team. She was supported in the role by nurses and a health-care team, as well as catering staff. The lines of accountability and authority were clear and all staff were aware of the management structure. They 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 of good oversight by the registered provider representative who was also the co-owner of the centre. Daily management meetings were held with the person in charge (the co-owner) to enable discussion on residents' care, complaints and health and safety issues. The person in charge also held regular meetings within the centre with staff from all roles. These meetings ensured that information on residents' changing needs was communicated effectively.

The service was appropriately resourced. 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 felt valued by the management team according to comments on appraisal forms seen. 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 2019. This review was made available to the inspector. A number of recommendations and actions from this review were seen to have been addressed.

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. Staff supervision was implemented through monitoring procedures and appraisals. The presence of nursing staff on each rota ensured appropriate supervision and nursing expertise at all times.

Systems of information governance were good and the records required by the regulations were effectively maintained. 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-fighting equipment. Records and documentation as required by Schedule 2, 3 and 4 of the Regulations were securely stored, maintained in good order and easily retrievable for inspection purposes.

The centre had developed and implemented the required policies on recruitment, training and vetting that described the induction and appraisal process for new employees.

Registration Regulation 4: Application for registration or renewal of registration

Appropriate documents were submitted with the application to renew the centre' registration.

Judgment: Compliant

Registration Regulation 6: Changes to information supplied for registration purposes

The centre has a condition on their current registration which now only applies to one room in the centre: that is, there is one double room remaining, out of five referred to in the condition, which is currently occupied by one resident and will remain as a single occupancy room until the person no longer occupies the room.

Judgment: Compliant

Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration

The provider is applying for an increase in the resident numbers having developed two new single rooms within the current footprint. This was made possible by the relocation of staff rooms and offices to the lower/basement floor.

Judgment: Compliant

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

Annual fees were paid in a timely manner.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge worked in the centre five days a week and was very familiar with the needs of residents. She fulfilled the regulatory requirements for a person in charge. She was knowledgeable of the regulations and standards and was responsive to the regulator. She was engaged in continuous professional development.

Judgment: Compliant

Regulation 15: Staffing

Staffing levels were adequate and staff were seen to be responsive to the needs of residents when required. The staff roster was reviewed and this correlated with the number of staff on duty on the day of inspection.

Judgment: Compliant

Regulation 16: Training and staff development

Policies on staff recruitment and training supported comprehensive induction, including a supervised probationary period. The person in charge and RPR assured the inspector that garda (police) síochána (GV) vetting clearance was in place for all staff prior to them taking up their respective roles.

Staff had undertaken mandatory training. They had also attended training appropriate to their roles and responsibilities. For example, kitchen staff had attended training on food safety and nursing staff had attended training on medicine management. Staff appraisals were carried out on an annual basis. A sample of staff files were reviewed. These were seen to be very well maintained. Copies

of completed appraisal forms and the completed induction programme were available in the files. The induction programme was seen to include an explanation of fire safety protocol and an introduction to key policies such as, the policy on the prevention of abuse and confidentiality.

Judgment: Compliant

Regulation 21: Records

Records required under the regulations were securely stored, complete and easily accessible.

Judgment: Compliant

Regulation 22: Insurance

The insurance cert for the centre was seen to be in date until the end of 2020.

Judgment: Compliant

Regulation 23: Governance and management

Positive findings on inspection demonstrated the impact of a very effective management system in Fairy Hill Nursing Home. This ensured that good quality care was delivered to residents. Clear lines of accountability and authority were set out and roles were well defined. The person in charge was responsible for the quality and supervision of care and audits of practice. She was supported by the clinical nurse manager (CNM) in the centre and the knowledgeable health-care team.

During the COVID-19 'lockdown' the wider management team had made every effort to ensure that the service provided was consistent, controlled and effectively monitored. Clinical oversight and supervision from members of the team supported by the local doctors, the health services executive (HSE), infection control specialists and public health colleagues had resulted in the centre remaining COVID-19 free. Staff, residents, the community and visitors had also provided their support of the task of infection prevention as well as following the policies and protocols in the centre.

Updated and relevant COVID-19 infection control guidelines, relating to the segregation of residents returning from hospital and visitor access, were being followed and adapted into the local policy. Audit and supervision of staff provided

oversight of infection prevention and control practices to ensure that staff were following recommended guidance. On the day of inspection, the inspector observed that staff were adhering to infection prevention and control guidance in relation to, hand washing, not wearing jewellery and by wearing suitable personal protective equipment (PPE).

Judgment: Compliant

Regulation 24: Contract for the provision of services

Contracts were seen to comply with regulatory requirements such as, outlining all the fees payable by the resident and the number of the room to be occupied by the resident.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was compliant with the regulations in relation to the information to be contained in such a document. This included the aims and ethos of the service, the medical and social care provided, as well as information on the rights of residents.

Judgment: Compliant

Regulation 31: Notification of incidents

Notifications on specified events and occurrences had been submitted to the office of the Chief Inspector as required.

Judgment: Compliant

Regulation 34: Complaints procedure

Complaints were very minor. However, all such concerns were documented and follow-up was recorded. The process for making a complaint was displayed at the entrance to the centre. Details in relation to contacting the Ombudsman and the

independent advocate were included in the complaints procedure.

Judgment: Compliant

Regulation 4: Written policies and procedures

Policies and procedures had been updated in line with the regulatory three-year time frame.

Relevant policies had been amended in line with the COVID-19 pandemic, for example, the risk management policy, the visiting policy and end-of-life policy.

Judgment: Compliant

Quality and safety

Overall, the quality and safety of care provided to residents in Fairy Hill Nursing Home was of a high standard.

The health of residents was promoted through ongoing medical review and general assessments included skin integrity, malnutrition, and falls. Care plans were developed with residents' support or that of a representative. They were person-centred and were based on information from residents' life stories. These care plans were reviewed on a four-monthly basis, and took into account residents' changing needs. The inspector reviewed a sample of residents' plans and found that they were clear, relevant and informative.

Residents' general well-being was enhanced by the choice of appropriate activities available to meet their preferences and choices. The community were very supportive, sending good wishes cards and treats to residents and staff during the time that visits were restricted. Residents' meetings were held which provided opportunities for residents to express their opinion, to discuss their sadness at the visitor restrictions and their anxiety about the COVID-19 virus,. Minutes of these meetings were maintained in a very empathetic and personal way. Every effort was seen to be made to relieve individual anxiety and to allow visits in exceptional cases, such as at the end of life. Residents confirmed that they always had the opportunity to vote at election time either in the centre or in the polling station. Mass was facilitated now by video link to the local church, on a weekly basis.

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

For example:

- audit and review of the need for bed-rail use or any other restraints
- audit of the rational for, and use of psychotropic drugs
- mandatory and appropriate training
- external advocacy access
- meaningful activities
- respectful management and staff engagement
- family contact and daily life choices

Further information in relation to premises, privacy and dignity and medicine management, among other quality and safety aspects of care were detailed under the respective regulations in this report.

Regulation 11: Visits

Visitors were always welcome and were central to the life of the home and the maintenance of residents' well-being. The COVID-19 pandemic had greatly impacted on this policy. However, alternative means of contact with friends and family had been established during the crisis. Residents had access to visitors from a distance such as, through their windows and also through video and social media links. The visiting arrangements had recently been reviewed in line with current guidelines: visitors were facilitated to visit for short periods at a social distance, while wearing suitable personal protective equipment (PPE) such as masks.

During the inspection the inspector saw that this system was well established with a steady stream of visitors coming and going at their allotted times. A large conservatory room was set aside for visitor activity and it was equipped with all the required PPE for visitors. Infection prevention notices and guidelines were on display in this room.

Judgment: Compliant

Regulation 12: Personal possessions

Each resident had adequate space to store personal items and to personalised their bedrooms with photographs, pictures and items of furniture from home. Laundry was done in the centre in a well equipped, external laundry building and there were no complaints about missing laundry. Residents were seen to have access to a variety of outfits and the inspector found that there were large individual wardrobes available in all rooms.

Judgment: Compliant

Regulation 13: End of life

Residents end-of-life wishes were recorded. A policy was in place to guide best practice. The inspector could clearly identify which residents had chosen various interventions at end of life. The inspector saw a large numbers of 'thank-you' cards and notes which expressed relatives' gratitude for the attentive and kind care at this sad time in residents' and their families' lives.

Throughout the COVID-19 pandemic, visitors had been facilitated to visit their relative who was at end of life and staff supported them to take the required precautions such as wearing appropriate PPE and following the correct hand hygiene procedures.

Judgment: Compliant

Regulation 17: Premises

Fairy Hill nursing home was registered to provide care to 20 residents. The provider had applied for the registration of 22 beds on this inspection. It was located near Mallow town and within walking distance of the train station.

The centre was a split level building with residents' accommodation on the ground floor and the offices and staff quarters in the basement section. The basement section had been renovated to provide a staff kitchenette, staff offices and a staff changing area. This meant that there was space to develop two new bedrooms for residents' use on the ground floor. The RPR stated that there was an extensive waiting list in the centre for a number of months.

Bedrooms were seen to be generally spacious and were personalised with residents' pictures and some furnishings from home. Residents had a choice of two sitting rooms to relax in during the day and the dining room was set out in line with social distance guidelines. Communal rooms had very high ceilings which were complemented by large wall-size mirrors and stained glass doors, which were in keeping with the period in which the building was built.

There were three large, modern shower rooms and numerous toilets available for residents' use. A well-equipped kitchen, cleaner's room, equipment storage room and adequate sluice facilities were in place and the centre was seen to be clean and well maintained.

The corridors were generally wide and made safer by the hand rail and the lack of equipment in the corridors. There was a selection of resident's photographs and art

work displayed along the corridors. Signage and clocks were displayed at the eye level of residents. For example toilets, bedroom doors, sitting room and the dining room had pictures and signage in place to assist residents to locate facilities independently.

The inspector noted that the centre was decorated in a home like manner with an ongoing programme of renovations and painting planned. The decor was warm and comfortable and in keeping with the period of this building.

Judgment: Compliant

Regulation 18: Food and nutrition

The residents were happy with the food and the choice on offer. Residents said that the food was tasty and varied. Residents who had specific needs were helped with their meals. Residents were seen to be socially distanced in the nicely decorated dining room. The chef was experienced and accessible to residents.

The Malnutrition Universal Screening Tool (MUST) was used to evaluate each resident's risk of malnutrition. Residents were weighed monthly and this was documented in residents' care plans.

Meals were modified if required and staff were found to be knowledgeable of residents' preferences, likes and dislikes.

Allergens were listed near the menu board and diabetic and gluten-free meals were provided.

The dietitian and the speech and language therapist (SALT) were contactable if required to provide advice of dietary intake or fortified meals. Input from these personnel was seen in residents' personal care plans.

Judgment: Compliant

Regulation 26: Risk management

There was a comprehensive risk register in the centre. The risk management policy was seen to be in compliance with the requirements of the regulations. The risk register had been augmented to include the risks associated with COVID-19 and the controls to prevent an outbreak were clearly set out. The COVID-19 contingency plan was seen to be detailed and informative. Staff were aware of this document and it was discussed at staff meetings.

In the sample of residents' care plans reviewed the inspector found that each

resident had individualised risk assessments for example, on the risk of choking and on the risks of falls. This meant that staff were risk aware and enable to support positive risk-taking by following the controls set out to minimise any risk involved.

Judgment: Compliant

Regulation 27: Infection control

The COVID-19 pandemic was discussed with the RPR who informed the inspector about the distances he had to travel and the exorbitant prices he had to pay to get sufficient PPE at the beginning of the crisis. Supplies from the HSE had since been delivered and this was welcomed by management staff. There was now a plentiful supply of personal protective equipment (PPE) available. The training courses on offer for staff had been augmented since the COVID-19 pandemic. All staff were re-trained in infection control processes including hand washing techniques, donning and doffing PPE, cleaning processes and the procedures to be followed to prevent infection with COVID-19. Public health, HIQA (Health Information and Quality Authority) infection control hub and HSE advice had been accessed for advice and to prevent an outbreak in the centre.

A detailed COVID-19 contingency plan had been developed with associated updates to the health and safety statement and relevant policies. Visiting had recommenced with restrictions on social distance.

The centre was found to be very clean. Cleaning and hygiene practices were observed to be continuous throughout the day of inspection and all staff wore face-masks. Documentation was available for the cleaning regime and the products used were based on best practice guidelines issued by the HSE and the health protection surveillance centre. (Health Protection Surveillance Centre Interim Public Health, Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities guidance.) These records were found to be accessible and well maintained.

To promote optimal hand washing opportunities hand washing sinks were available adjacent to clinical areas. There was a good supply of hand sanitising gel and paper towels around the centre.

The person in charge had enrolled in a post graduate university diploma in infection control, to enable her to lead the infection control procedures into the future. She was aware of the new HIQA online training course for staff and undertook to assign a staff member to undertake this module on infection control best practice.

Judgment: Compliant

Regulation 28: Fire precautions

Daily, weekly and monthly fire safety checks were carried out and recorded. Fire exit signs were clearly visible and fire exits were maintained and checked. Compartmentation of the centre had been established to aid in safe evacuation and the external laundry had been included into the main fire alarm system. Staff spoken with were aware of what to do in the event of a fire and the protocol was displayed in the hallways of the centre.

Fire drills were carried out regularly. While records were maintained of the fire drills these were not sufficiently detailed to enable the inspector to establish the duration of the drill, the names of the attendees and the learning that was gained from the drill. More detailed records would enable staff to see incremental improvement following each drill, they could check which staff were yet to attend a drill and refine the evacuation drills where appropriate.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

All staff signed when they administered medicine to residents and in general the management of medication was good. Medicine trolleys were secure, the medicine fridge was locked and there were ordering systems in place.

The pharmacy was attentive to the centre. Controlled drugs were well managed and there was a protocol in place to return unused medicines to pharmacy.

Nevertheless the inspector found that there were a small number of ointment sprays still on the medicine trolley which were no longer in use or out of date. In addition, the date of opening had not been written on these medical products. This was important as they were to be disposed of within six months of opening.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

A number of care plans were reviewed and were seen to have been updated within the four-month regulatory time frame:

- clinical assessment tools were seen to underpin care plans and clinical decisions
- care plans for end of life decision-making were in place and supported by

- (general practitioner) GP input in the medical notes
- medical practitioners had documented informative notes in the medical file following each visit to a resident
 - food and fluid balance charts were maintained where necessary

Judgment: Compliant

Regulation 6: Health care

There was evidence in residents' care plans of very good access to allied health professionals:

For example:

- Physiotherapy was accessible, however it had been suspended during the height of the Covid-19 pandemic.
- Occupational therapy was available on referral.
- The general practitioner (GP) visited regularly and throughout the Covid-19 pandemic the general practitioner (GP) was available by phone access. A choice of GP was facilitated where necessary
- The pharmacist fulfilled the duties required to meet residents needs and supported staff with training and supplies of medicines.
- Psychiatric care, a tissue viability nurse (TVN), chiropody, dental, speech and language therapy (SALT) and the dietitian were seen to have made entries in residents' notes in response to residents' needs before the outbreak and on return to the centre.

During the Covid-19 pandemic these allied health professional were available daily on the phone and were very attentive to residents' needs liaising with the person in charge and staff in the centre on the residents' behalf.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

There were a number of residents residing in the centre who had dementia.

The sample of care plans which were reviewed demonstrated that individualised care plans were in place for responsive behaviour management in residents with dementia.

These plans were person-centred and reflected the training and knowledge of the RPR, who had completed an extensive course to deliver training in this aspect of

nursing and psychological care.

Judgment: Compliant

Regulation 8: Protection

Staff had attended training in the prevention of elder abuse and safeguarding of vulnerable older adults. Staff spoken with were aware of their responsibility to report any allegations of abuse. Staff were aware of the types of abuse which could occur. The management team had an awareness that residents were more vulnerable when their visitors were restricted due to the current public health guidance. For this reason family members were contacted weekly by the person in charge to ascertain if they had any concerns and to provide assurance about the supervision and continuity of safe care.

The centre did not act as a pension agent for any residents.

Finances were managed in a careful and transparent manner, for example receipts and invoices were available for any fees paid. Records of small amounts of money available for residents' personal use were seen to be signed by two staff personnel for any transaction.

Judgment: Compliant

Regulation 9: Residents' rights

On this inspection the inspector found that residents' abilities were encouraged and promoted. Photographs of activities during the summer as well as survey results supported the residents' positive comments.

Residents felt that their lives and experiences mattered to staff who were engaged in promoting their well-being.

On the day of inspection the inspector spoke with a number of residents (within social distance recommendations) who were delighted to talk about the return of visitors as well as the good care they received during the restrictions. They were found to be up-to-date and informed about relevant advice and guidelines.

The inspector found good practice in this area:

- each resident had a TV, books and daily newspapers
- a number of i-pads and mobile phones were in use to support video communication with relatives
- a conservatory had been made available for personal visits

- residents had large wardrobes which were seen to be maintained in a tidy manner and which residents said were adequate for their needs
- a small number of residents who were seated in the sitting room and dining room had social distance maintained
- activities such as daily conversation, bingo, seasonal planting, artwork, walking, laundry and music events were a weekly occurrence.

The inspector found that the majority of interactions with staff were seen to have an individualised and person-centred approach. The activity coordinator spoke with the inspector about how she had adapted to the changed needs of residents at this time. Staff spoke about the "home-like" atmosphere in the centre which was echoed by residents spoken with.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Registration Regulation 6: Changes to information supplied for registration purposes	Compliant
Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration	Compliant
Registration Regulation 8: Annual fee payable by the registered provider of a designated centre for older people	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	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	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially 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-0030032

Date of inspection: 26/08/2020

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 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: Contacted the fire and safety engineer, who will be guiding three staff representatives to take leadership on fire drills which is scheduled for 12/10/2020. Will be conducting internal fire drills in every quarter, from the above mentioned date.	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: The expired medicated sprays returned to the pharmacy on the 27/08/2020. Allocated a nurse for checking the medicines and maintaining record, on a weekly basis and the PIC will verify these fortnightly.	

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 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	12/10/2020
Regulation 29(5)	The person in charge shall ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with	Substantially Compliant	Yellow	27/08/2020

	any advice provided by that resident's pharmacist regarding the appropriate use of the product.			
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