



Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Fairy Hill Nursing Home
Name of provider:	Fairy Hill Nursing Home Limited
Address of centre:	Kennel Hill, Annabelle, Mallow, Cork
Type of inspection:	Unannounced
Date of inspection:	19 April 2018
Centre ID:	OSV-0005681
Fieldwork ID:	MON-0021395

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 in December 2017 to provide care to 15 residents. The centre is a single story 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 but also caters for younger people over the age of 18. 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. Care is provided by a team of nursing and care staff covering day and night shifts. Medical and other allied healthcare professionals provide ongoing healthcare for residents in the centre.

The following information outlines some additional data on this centre.

Current registration end date:	20/12/2020
Number of residents on the date of inspection:	11

How we inspect

To prepare for this inspection the inspector or 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
19 April 2018	09:40hrs to 18:10hrs	Caroline Connelly	Lead

Views of people who use the service

The inspector spoke with the majority of the 11 residents and met with them either in their own rooms or in the dayroom. Feedback from residents was consistently positive about care and communication with staff at the centre. Residents were very complimentary about staff saying staff were very caring and helpful and could not do enough for you. They said the centre is small and homely and the owners are always around. Residents said they were consulted with on a daily basis by the person in charge and regular residents' meetings had been facilitated. Residents confirmed that they felt they had good choice around how they spent their day, when they got up and what they liked for breakfast for example, or whether they would participate in the activities that were provided. Residents were particularly complimentary about the activities and said they were encouraged to take part in all activities. They said there was always something to do and enjoyed the group and one to one activities.

All residents spoken with reported satisfaction with the food and said choices were offered at meal times and staff always ensured they had plenty of drinks and snacks. There was general approval expressed with laundry services. Clothing was marked, laundered and ironed to residents' satisfaction.

Capacity and capability

The inspector found there were effective management systems in place, ensuring good quality care was delivered to the residents. The management team were proactive in response to issues as they arose and were committed to ensure positive outcomes for residents. The inspector saw that improvements were required in the provision of mandatory training for staff and in the maintenance of staff files.

The centre is owned and operated by Fairy Hill Nursing Home Limited which consists of two company directors. Both directors are fully involved in the governance and management of the centre. One is the provider representative and the other is the person in charge. As this is a new designated centre all management systems have recently been implemented and are evolving. The inspector was satisfied that there was a clearly defined management structure in place. The provider and person in charge displayed good knowledge of the regulatory requirements and they demonstrated their commitment to providing evidence-based person-centered care for the residents. Deputising arrangements were in place for the person in charge. There were regular management meetings the frequency of these on a weekly basis at the start to ensure the centre was operating in accordance with best practice. whereby the clinical nurse manager was responsible for the service when

necessary. The inspector saw that systems had been put in place for monitoring the quality and safety of care provided to residents. Key clinical quality indicator data was collected including pressure ulcers, falls, the use of psychotropic medications, bedrails and health and safety. Quality management measures such as reviews and audits were commenced and will be further developed. Incident recording and investigation processes included an assessment with evidence of learning and revised practice taking place.

The centre had been a nursing home in the past but had been closed for 10 years. The providers had invested heavily in the premises over the previous fourteen months to bring it up to the required standards. Significant resources were invested in the premises, equipment and décor prior to the registration of the centre.

Duty rosters were maintained for all staff and during the inspection the number and skill-mix of staff working during the day and night was observed to be appropriate to meet the needs of the current residents. Systems of communication were in place to support staff with providing care. There were handover meetings at the start of each shift to ensure good communication and continuity of care from one shift to the next. The inspectors found staff to be well informed and knowledgeable regarding their roles, responsibilities and the residents' needs and life histories. Residents' feedback detailed adequate staffing and the inspector observed care and support given to residents was relaxed, unhurried and appropriate to the needs of residents.

There was evidence that staff had received some training appropriate to their roles and staff reported easy access and encouragement to attend training and to keep their knowledge and skills up to date. However mandatory training was not in place for all staff to enable them to provide evidence-based care to residents. Staff supervision was implemented through monitoring procedures and senior nursing staff ensured appropriate supervision at all times.

There were systems in place to manage critical incidents in the centre and accidents and incidents in the centre were recorded, appropriate action was taken and they were followed up on and reviewed. The provider demonstrated the knowledge of the requirement to notify HIQA of specific incidents. Notifications were received in a timely manner, these were reviewed by the inspector during the inspection. The inspector recommended further trending of accidents and incidents to identify patterns and trends so appropriate action could be taken to prevent or minimise accidents and incidents.

Good systems of information governance were in place and the records required by the regulations were generally maintained effectively. Maintenance records were in place for equipment such as hoists and fire-fighting equipment. Records and documentation as required by Schedule 3 and 4 of the regulations were securely controlled, maintained in good order and easily retrievable for monitoring purposes. Resident records such as care plans, assessments, medical notes and nursing records were complete. However improvements were required in relation to records maintained under schedule 2 staff files and in relation to the recording of complaints to ensure robust systems were in place for safe recruitment and learning from

complaints.

Regulation 14: Persons in charge

The person in charge had been the person in charge in another nursing home, she had the required experience and qualifications in order to manage the service and meet its stated purpose, aims and objectives. The person in charge was knowledgeable regarding the regulations, HIQA Standards and her statutory responsibilities.

Judgment: Compliant

Regulation 15: Staffing

During the inspection, the staffing levels and skill-mix were sufficient to meet the assessed needs of residents. A review of staffing rosters showed there was a nurse on duty at all times, with a regular pattern of rostered care staff, household and catering staff.

Judgment: Compliant

Regulation 16: Training and staff development

A number of staff did not have up-to-date mandatory training in Safeguarding and responsive behaviours.

Judgment: Not compliant

Regulation 21: Records

Staff files viewed by the inspector found that references were missing for two staff and a recently recruited staff member did not have Garda Síochána (police) vetting disclosure in accordance with the National Vetting Bureau Act 2012 as required by schedule 2 of the 2013 care and welfare regulations. This staff member was taken off duty until vetting was in place. Qualifications and records of training

<p>were also missing from staff files.</p>
<p>Judgment: Not compliant</p>
<p>Regulation 23: Governance and management</p>
<p>There were clear governance and management arrangements in place to ensure the centre was providing the service described in the statement of purpose and meeting the needs of the residents. Auditing of the service had commenced.</p>
<p>Judgment: Compliant</p>
<p>Regulation 24: Contract for the provision of services</p>
<p>There were contracts of care available that provided details of services to be provided for the resident and the fees to be charged. They also included the room to be occupied as required by the regulations.</p>
<p>Judgment: Compliant</p>
<p>Regulation 3: Statement of purpose</p>
<p>There was a statement of purpose that accurately described the service provided.</p>
<p>Judgment: Compliant</p>
<p>Regulation 31: Notification of incidents</p>
<p>Incidents were notified to HIQA in accordance with the requirements of legislation.</p>
<p>Judgment: Compliant</p>
<p>Regulation 34: Complaints procedure</p>
<p>There was a complaints procedure, and a comments /complaints box was on view at</p>

the entrance to the centre. However the centre did not have a complaints log where all complaints were recorded and evidence of investigations, action taken and satisfaction of the complainant was maintained.

Judgment: Not compliant

Quality and safety

Overall, residents were supported and encouraged to have a very good quality of life which was respectful of their wishes and choices. Residents' needs were being met through very good access to healthcare services, opportunities for social engagement and a premises that met their needs. The quality of residents' lives was enhanced by the surroundings and by the provision of a choice of interesting things for them to do during the day. The inspector found that an ethos of respect for residents was evident. The inspector saw that residents appeared to be very well cared and residents and relatives gave very positive feedback regarding all aspects of life and care in the centre. Improvements were required in the maintenance of resident's money handed in for safekeeping and in the prescribing of crushed medications.

There was a local general practitioner (GP) providing medical services to the majority of residents in the centre and the GP attended on a regular basis. Out-of-hours medical cover was available where necessary. A sample of medical records reviewed confirmed that residents were reviewed on a very regular basis. Specialist medical services were also available when required. Reviews and ongoing medical interventions as well as laboratory results were evidenced. Residents in the centre also had access to psychiatry of older life and attendance at outpatient services was facilitated. The centre provided in-house physiotherapy services. Each resident was reviewed on admission and regularly thereafter by the physiotherapist who attended the centre every two weeks and provided an exercise class for residents. The dietitian visited the centre and reviewed residents routinely. There was evidence that residents had access to other allied healthcare professionals including occupational therapy, speech and language therapy, dental, chiropody and ophthalmology services. Residents and relatives expressed satisfaction with the medical care provided and the inspector was satisfied that residents' healthcare needs were well met.

The centre ensured that the rights and diversity of residents were respected and promoted. Residents' choice, privacy and dignity and independence were safeguarded. There was evidence of consultation with residents and relatives through residents' meetings. The inspector noted that issues raised by residents were brought to the attention of the person in charge and items were followed up on and appropriate action taken.

Residents reported that they had access to lots of activities in accordance with their

preferences, both within the centre and in the wider community, that enhanced their quality of life. A varied and interesting social programme was seen and residents' art work was displayed throughout the centre. The activity programme included music twice per week, arts, crafts, bingo, dancing, knitting and gardening. One of the care staff is a trained beauty therapist and provided manicures, massage and other treatments as required. The inspector saw numerous activities taking place and saw person centered interactions between staff and residents. Residents were seen out walking in the grounds accompanied by staff. Advocacy services were available to residents as required.

The premises met the needs of residents in a homely and comfortable way. Bedrooms were generally spacious and many were very personalised with residents pictures, furnishings and memorabilia from home. Residents had a choice of two sitting rooms and a conservatory to relax in during the day and the dining room was spacious to facilitate all the residents dining requirements. Plenty of outdoor space was provided and access to private areas for visiting were readily available. Overall, residents and relatives were very satisfied with all aspects of life and care in the centre as expressed to the inspector.

The inspector saw that contracts were in place for the testing of fire safety equipment, the servicing of hoists, beds, wheelchairs and other specialist equipment. Fire training had been provided to staff and fire drills had taken place. Certification for the testing of the fire alarm and emergency lighting on a quarterly basis was in place. The provider had put systems in place to manage risks and ensure that the health and safety of all people using the service was promoted. The health and safety statement was reviewed regularly and appropriate fire safety practices were generally followed. An emergency plan had been developed and an appropriate response was in place for all emergency situations.

The inspector found that there were some measures in place to protect residents from suffering harm or abuse. Staff interviewed demonstrated a good understanding of safeguarding and elder abuse prevention and were clear about their responsibility to report any concerns or incidents in relation to the protection of a resident. The centre maintained day to day expenses for a number of residents and the inspector saw that although financial records were maintained, the systems in place to safeguard residents' finances was not sufficiently robust. Money and valuables were kept in a locked area, lodgements and withdrawals were documented however many were just signed by one staff member and were not signed for by two staff members and the resident where possible. This is required to protect residents and staff.

Regulation 11: Visits

There was evidence that there was an open visiting policy and that residents

could receive visitors in the communal area and in the second sitting room if they wanted privacy. The inspector saw visitors coming in and out during the inspection who confirmed that they were welcome to visit at any time and found the staff very welcoming.

Judgment: Compliant

Regulation 12: Personal possessions

There was plenty of storage space to store personal possessions in all residents bedrooms and bedrooms were very spacious.

Laundry was completed in-house and residents said it was returned promptly to them in a well maintained manner.

Judgment: Compliant

Regulation 13: End of life

There were written operational policies and protocols in place for end-of-life care. Religious and cultural preferences were facilitated and facilities were made available for family members to stay overnight if required. The inspector saw that care practices showed that residents are cared for with the utmost respect at end of life. There was good access to palliative care and there was evidence of referral and review.

Judgment: Compliant

Regulation 17: Premises

The premises was of a good standard with spacious and comfortable private and communal facilities. The premises and grounds were well maintained. The inspector noted that the centre was warm and homely with high levels of cleanliness.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents' needs in relation to nutrition were met, meals and meal times were observed to be an enjoyable experience. Choice was provided for all meals.

Judgment: Compliant

Regulation 26: Risk management

The risk management policy was seen to be followed in practice. For each risk identified, it was clearly documented what the hazard was, the level of risk, the measures to control the risk, and the person responsible for taking action. Regular health and safety reviews were also carried out to identify and respond to any potential hazards.

Judgment: Compliant

Regulation 27: Infection control

The centre was observed to be very clean. Appropriate infection control procedures were in place and staff were observed to abide by best practice in infection control and good hand hygiene.

Judgment: Compliant

Regulation 28: Fire precautions

There were adequate arrangements in place to protect against the risk of fire including fire fighting equipment, means of escape, emergency lighting and regular servicing of the systems. Staff knew what to do in the event of hearing the alarm, and the support needs of each resident were documented. Annual fire training was provided to staff and fire evacuation drills had taken place in the centre.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There were written operational policies and procedures in place on the management of medications in the centre. The inspector met the pharmacist who provided a comprehensive service to the centre. Medications requiring special control measures were stored appropriately and counted at the end of each shift by two registered nurses. Medications were stored in locked cupboards and on the locked and secured medication trolley. A sample of prescription and administration records viewed by the inspector contained appropriate identifying information. Medications requiring refrigeration were stored in a fridge and the temperature was monitored and recorded daily. Medications that required crushing had an instruction at the top of the residents prescription sheet saying the resident may have their medications crushed. However medications were not individually prescribed as such and some medications cannot be crushed, therefore nurses may be administering medications in an altered format without the appropriate prescription which could lead to errors.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Care plans viewed by the inspector were personalised, regularly reviewed and updated following assessments completed using validated tools. End of life care plans were in place and detailed residents wishes at end stage of life.

Judgment: Compliant

Regulation 6: Health care

The inspector was satisfied that the health care needs of residents were well met.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

From discussion with the person in charge and staff and observations of the inspector there was evidence that residents who presented with responsive behaviours were responded to in a very dignified and person-centred way by the staff using effective de-escalation methods. This was reflected in responsive behaviour care plans.

Judgment: Compliant

Regulation 8: Protection

The inspector was satisfied that staff knew what to do if there was an allegation of abuse. However not all staff had received safeguarding training this is actioned under staff training. Resident's monies handed in for safekeeping were not fully protected by a robust system of double signatures and checking processes.

Judgment: Substantially compliant

Regulation 9: Residents' rights

There was evidence of residents' rights and choices being upheld and respected. Residents were consulted with on a daily basis by the person in charge and staff. Formal residents' meetings were facilitated.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Not compliant
Regulation 21: Records	Not 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	Not 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	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	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Fairy Hill Nursing Home OSV-0005681

Inspection ID: MON-0021395

Date of inspection: 19/04/2018

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 16: Training and staff development	Not Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: Already made arrangements to conduct staff training programmes and will be completed before 30 th of June	
Regulation 21: Records	Not Compliant
Outline how you are going to come into compliance with Regulation 21: Records: We have made files according to hiqa inspectors instructions and those are in place from 20/04/2018	
Regulation 34: Complaints procedure	Not Compliant
Outline how you are going to come into compliance with Regulation 34: Complaints procedure: Changes made and in place from 22/04/2018	

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <p>Action taken and following the correct protocol from 23/04/2018</p> <p> </p>	
Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <p>Training programs organized, will be completed before 30/06/18.</p> <p> </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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Not Compliant	Orange	30 th June 2018
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Not Compliant	Orange	Implemented and in place from 23/04/2018
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 any advice provided by that resident's	Substantially Compliant	Yellow	Changes made accordance with hiqa regulations from 23/04/2018

	pharmacist regarding the appropriate use of the product.			
Regulation 34(2)	The registered provider shall ensure that all complaints and the results of any investigations into the matters complained of and any actions taken on foot of a complaint are fully and properly recorded and that such records shall be in addition to and distinct from a resident's individual care plan.	Not Compliant	Orange	Action taken and complaints log in place from 22/04/2018
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Substantially Compliant	Yellow	Training will be done before 30 th of June.