



Report of an inspection of a Designated Centre for Older People.

Issued by the Chief Inspector

Name of designated centre:	Fennor Hill Care Facility
Name of provider:	Fennor Hill Care Facility Limited
Address of centre:	Cashel Road, Urlingford, Kilkenny
Type of inspection:	Announced
Date of inspection:	17 July 2024
Centre ID:	OSV-0007180
Fieldwork ID:	MON-0044265

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Fennor Hill Care Facility is situated on the outskirts of Urlingford in County Kilkenny and within walking distance from the village centre. Residents' accommodation is situated on two floors of the facility and accommodates 56 residents. It is a newly built facility opened in September 2019. Accommodation comprises 48 single rooms and 4 twin rooms, all of which have spacious ensuite bathrooms with a toilet, hand sink and shower facilities. The centre has communal sitting and dining rooms on both floors. The centre can accommodate both female and male resident with the following care needs: general long term care, palliative care, convalescent care and respite care. The age profile of each resident maybe under or over 65 years but not under 18 years with low to maximum dependency levels.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	52
--	----

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 17 July 2024	10:30hrs to 18:40hrs	Catherine Furey	Lead
Wednesday 17 July 2024	10:30hrs to 18:40hrs	Niall Whelton	Support

What residents told us and what inspectors observed

From the observations of the inspectors and from discussions with residents and visitors, it was evident that residents living in Fennor Hill Care Facility were supported to to enjoy a good quality of life, where their choices and preferences were promoted and respected. Inspectors met with many of the residents living in the centre and spoke with seven residents in more detail. Inspectors also met with four visitors who gave positive feedback on all aspects of the service and care provided. Residents and visitors also told inspectors that the person in charge and management team met with them regularly and they felt comfortable to approach them with any concerns.

There was a friendly, relaxed atmosphere throughout the centre and it was evident that staff knew residents well. Some of the comments by residents included "I am happy here, it's like my home" and, regarding the staff, "I can talk to them, they know what I need" and "they always come quickly if I call the bell".

During the morning, the inspectors saw that staff maintained resident's dignity and privacy by knocking on residents' bedroom doors and awaiting a response before entering. Staff assisted residents in an professional but unhurried fashion with their needs, for example, taking time to assist them to walk through the corridors at their own pace. Inspectors saw that many residents were up and ready for the day, some relaxing in the communal areas and others in their rooms, and some residents were going out to different appointments and visits. There was nice exchanges of chatter and laughter between staff and residents throughout the day.

Fennor Hill Care Facility is laid out over three floors. At the time of first registration, only the ground, first and third floors were registered for use. Over time, the registered provider had renovated and prepared the second floor for registration as residents' bedroom and communal accommodation. Inspectors toured the entire premises and saw that the centre was well-maintained to a high level of comfort for residents. The décor was warm and tasteful throughout, and many residents commented on their lovely surroundings. Some residents told the inspectors that the foyer was their favourite place to sit, by the fire, watching people come and go. Inspectors observed signage throughout the centre which identified where closed circuit television (CCTV) cameras were in place. These cameras were appropriately placed and the footage was not streamed or monitored by staff, but could be accessed if required. This process was respectful of residents' right to privacy.

The majority of bedrooms in the centre are single occupancy, with ensuite shower, hand wash sink and toilet facilities. The inspectors saw that all bedrooms had adequate storage for residents' belongings and a lockable space for personal or valuable items. A number of residents had personalised their rooms with family pictures, furniture and ornaments from home and other memorabilia. The twin-occupancy rooms were configured to maximise the space available to each resident,

and insofar as possible, promoted privacy through appropriately-placed ceiling-tracked curtains.

The third floor of the centre did not contain any resident communal or bedroom areas, and was used for the purpose of staff break facilities and equipment storage areas. The dedicated cleaners store, which contained a washer and dryer for the sole purpose of cleaning mops and cloths, was also on this floor. These areas were well-organised and tidy and were not accessed by residents.

The external courtyard was landscaped to a high standard. There were a mix of native trees and fruit trees with raised planted flower beds in full bloom. This space was accessed directly from the main day room in the centre and there was unrestricted access to the garden. There were paved areas through the garden with areas of interest such as bird boxes and statues. This area also included the smoking area for residents. The inspectors observed the seating was in poor condition; the provider confirmed these would be replaced.

Inspectors observed that at mealtime in the centre's dining rooms and lounge, residents sat together in small groups at the dining tables. There was an appropriate number of staff members available to assist residents during mealtimes, and they were observed to be respectful and discreet while assisting residents. Residents were provided with a choice for all their meals, including meals which were required to be modified to particular consistency, such as pureed. Residents were complimentary of the food, which appeared wholesome and nutritious. There were selections of hot and cold drinks and snack offered throughout the day and residents were provided with jugs of fresh water in their rooms.

Activities were observed taking place throughout the day on the ground and first floors and residents spoken with were happy with the level of activities and the variety on offer. A pictorial board listing activities for the week was on display on each floor. Staff knew resident's preferences and were seen attending to them throughout the day. Many residents discussed the activities that took place in the centre and commented on how much they enjoyed it. In particular residents spoke about enjoying live music, exercise class, art, and the general knowledge quiz. There were pictures displayed throughout the centre of residents enjoying days out and residents' art and crafts were on display, showcasing their work.

The next two sections of the report will present the findings of this inspection in relation to the governance and management arrangements in place and how these arrangements impact on the quality and safety of the service being delivered.

Capacity and capability

There were effective management systems in place in this centre. The centre was adequately resourced ensuring that good quality care and a safe service was

provided to residents. The management team were proactive in response to issues as they arose.

Fennor Hill Care Facility Ltd, the registered provider of the designated centre has four company directors, one of whom is involved in the operational management of the centre on a day to day basis. The provider had submitted an application to vary a condition of their registration, to increase occupancy from 56 to 90. These 34 new beds were located on the second floor of the existing building and comprised 30 single ensuite rooms and two twin ensuite rooms. This was an announced inspection to monitor the the centre's compliance with the care and welfare regulations and to assess the accommodation on the second floor.

The centre was managed on a daily basis by an appropriately qualified person in charge who was responsible for the overall delivery of care. She was supported in her role within the centre by a full time assistant director of nursing, a clinical nurse manager, senior staff nurses, a team of nurses and healthcare assistants, and a team of social, catering, domestic and maintenance personnel. Further support is provided to the person in charge by a regional operations manager, who has oversight of the quality and safety systems in the centre and visits the centre on a regular basis.

During a previous inspection in June 2023, action was required by the provider to come into compliance with Regulation 28: Fire precautions, in particular, containment of fire and precautions against the risk of fire. Since that inspection, the provider had arranged a further comprehensive fire safety risk assessment and subsequently completed an extensive programme of fire safety works. At this inspection, the inspectors observed these works to be complete and this was verified by the fire safety risk assessment action plan, which was updated by the competent person, confirming all actions were complete.

The findings of the this inspection were that there were good fire safety management systems in place, however some action was required by the provider and this is explored under Regulation 28.

Inspectors reviewed staffing rosters and spoke with staff and residents regarding staffing levels in the centre. Staff and residents said that there was sufficient staff on duty to meet the needs of the residents, including their personal and social needs, and that the level of cleaning staff was appropriate to maintaining a clean and comfortable environment. Inspectors observed that the level of staff on duty on each floor during the day ensured that care and support was delivered in a timely manner. Recruitment of new staff was ongoing, and the registered provider had a staffing schedule in place to ensure that there was sufficient additional staff in place when the centre's second floor opened up to admissions.

The person in charge maintained a comprehensive schedule of training to maintain oversight of staff training in the centre. It was evident that staff were provided with training appropriate to their roles, in both online and in-person formats. Staff who spoke with inspectors were knowledgeable regarding their roles and responsibilities and were appropriately supervised by the management team.

The registered provider ensured that there were systems in place to monitor the quality and safety of care for residents. There was a schedule of clinical audits in place. Inspectors reviewed a sample of completed audits such as infection control and nutrition, and saw that where improvement was required, an action plan was implemented and evaluated. Key risks to residents such as falls, pressure ulcers and infections were monitored and reviewed at clinical meetings in the centre. There was effective communication between management and staff working in the centre. Regular quality and safety meetings, management meetings and staff meetings were held in the centre. Handovers were held during each shift to ensure staff were up-to-date with residents assessed needs and any new issues or concerns presenting in the centre.

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

The registered provider had submitted an application to vary condition 3 of the designated centre's registration, to increase occupancy by 34 beds, located on the second floor. The required information was submitted with the application.

Judgment: Compliant

Regulation 15: Staffing

Staffing was found to be sufficient to meet the needs of the residents on the day of the inspection. The registered provider ensured that the number and skill-mix of staff was appropriate, to meet the needs of the residents. There was a minimum of two registered nurses in the centre day and night.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training appropriate to their specific role. The registered provider required all staff to complete training in fire safety, safeguarding of vulnerable adults, managing behaviours that are challenging and infection prevention and control. There was an ongoing schedule of training in place to ensure all staff maintained relevant and up-to-date knowledge and skills to enable them to perform their respective roles. Staff were appropriately supervised and supported in their roles.

Judgment: Compliant

Regulation 23: Governance and management

Management systems were effectively monitoring quality and safety in the centre. Clinical audits were routinely scheduled and completed for example; falls, nutrition, and infection control. These audits informed ongoing quality and safety improvements in the centre. There was a proactive management approach in the centre which was evident by the ongoing action plans in place to improve safety and quality of care.

The management structure in the centre was well-developed and the lines of authority and accountability were clear. Communication systems in the centre were well-established, and daily handovers and regular staff meetings provided opportunities for staff to identify any changing needs or risks which informed the day-to-day running of the centre.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had prepared a statement of purpose relating to the designated centre and this contained all of the information as required under Schedule 1 of the regulations, including accurate descriptions of the services and facilities provided for residents.

Judgment: Compliant

Quality and safety

Overall, inspectors found that the care and support of residents was delivered in a person-centred way. The management team promoted the concept of a human rights-based approach to life and care in the centre. Residents told the inspectors that staff were kind and caring and ensured a warm and homely atmosphere in the centre. There was evidence of consultation with residents and their needs were being met through good access to health and social care. Some improvement in fire safety procedures and the management of restrictive practices was required to ensure the safety of residents at all times.

The premises was designed and laid out to meet the individual and collective needs of the residents. There was a variety of communal and private areas for use by residents. The inspectors observed the communal areas of the centre to be spacious and comfortable. Directional signage was displayed throughout the centre to guide residents. The garden was easily accessible for residents to access and navigate. There was a schedule of progressive maintenance and decorative upgrades in place.

Residents living in the centre had good access to medical services through General Practitioners (GP's) who visited the centre on a regular basis. Out-of-hours medical services were utilised as appropriate. There was a good system in place for appropriate and timely referral and review by health and social care professionals such as dietitians, physiotherapists and speech and language therapists. Residents each had a detailed, individualised care plan in place on admission to the centre. Validated risk assessment tools were used to inform care planning. Inspectors reviewed a sample of care records and saw that these were person-centred and updated, when residents' needs changed. Residents' records provided evidence that where residents experienced responsive behaviours (how residents living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment), person-centred care plans were in place to guide staff in the appropriate management of the behaviour.

The centre was actively promoting a restraint-free environment and the use of physically-restrictive practices such as bedrails in the centre was kept to a minimum. Restrictive practices were initiated following an appropriate risk assessment, and in consultation with the resident, or where required, their representative. These procedures were in line with national guidance. Notwithstanding this good practice, the system to monitor bedrails while in use was not effective. This is discussed under Regulation 7: Managing behaviour that is challenging.

A safeguarding policy provided guidance to staff with regard to protecting residents from the risk of abuse. Staff demonstrated an appropriate awareness of their safeguarding training and detailed their responsibility in recognising and responding to allegations of different types of abuse. Residents who spoke with inspectors, reported that they felt safe living in the centre.

Resident's rights were promoted in the centre. Residents were supported to engage in group and one-to-one activities based on residents individual needs, preferences and capacities. The inspectors found that there were opportunities for residents to participate in meaningful social engagement and activities. Residents meetings were held and records reviewed showed good attendance from the residents. There was evidence that residents were consulted about the quality of the service, food choices and quality and activities. Dedicated activity staff implemented a varied and interesting schedule of activities that was available each day.

In terms of fire precautions, the building was subdivided into reasonable sized fire compartments to facilitate progressive horizontal evacuation. Fire compartments were clearly set out and were being utilised in the simulated evacuation drills. There were ski sheets (evacuation aid fitted to the underside of a mattress) fitted to each

bed, and the sample checked by inspectors showed they were secured to the mattress.

Each escape stairway was clearly labelled, both internally and externally and these matched the annotation on the centres evacuation floor plans. Additional emergency lighting had been provided along external escape routes leading to the assembly point. The door to each bedroom had colour coded discreet signage, annotating the dependency of the resident living in the room, to prompt staff regarding the most suitable mode of evacuation. The procedures to follow in the event of a fire were prominently displayed throughout the centre. The staff rota also identifies which staff member was the fire warden on each shift.

Fire doors throughout the centre were in good condition and well fitted within the door frame, with appropriate seals to restrict the spread of fire and smoke. Minor gaps in a small few doors were observed; these gaps can form from shrinkage in the timber. The provider had a system in place whereby fire doors were being inspected six-monthly by an external contractor. This would ensure fire doors were maintained and this programme would capture minor deficits as they occur on an on-going basis.

Inspectors observed fire containment in the building to be to a high standard and there were labels from a fire sealing contractor affixed to service penetrations to show they provided adequate containment of fire. This was supported by documentation available to the inspectors for review.

Regulation 17: Premises

The premises were found to meet the requirements of Regulation 17 and Schedule 6 of the regulations.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

Records showed that when residents were temporarily discharged to another facility, all pertinent information about the resident was provided to that facility. A detailed transfer letter was used to capture relevant detail. On return to the centre following the temporary absence, medical and nursing transfer letters were reviewed for any changes to the resident's care.

Judgment: Compliant

Regulation 28: Fire precautions

Notwithstanding the fire safety management systems in place and significant fire safety works completed in the centre, some improvements were required by the provider to ensure adequate precautions against the risk of fire;

- The arrangements for the storage of oxygen was not adequate. The inspectors observed multiple unsecured oxygen cylinders in a treatment room; this created a risk of cylinders becoming damaged and leaking. This was addressed by the provider during the inspection
- The chairs within the smoking shelter had dry brittle timber covering and would be a risk should a lit cigarette fall onto it

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

The standard of care planning was good and described person-centred care interventions to meet the assessed needs of residents. Validated risk assessments were regularly and routinely completed to assess various clinical risks including risks of malnutrition, skin assessments and falls. Based on a sample of care plans viewed appropriate interventions were in place for residents' assessed needs. Care plan reviews were completed regularly to ensure care was appropriate to the resident's changing needs. There was evidence of consultation with the residents or their care representative in relation to residents assessed needs.

Judgment: Compliant

Regulation 6: Health care

There were good standards of evidence based medical and nursing care provided in the centre. GP's routinely attended the centre and were available to support residents healthcare needs. Health and social care professionals also supported the residents on site where possible and remotely when appropriate. Nursing care was delivered to a high level, for example, there was good management of wounds and good day-to-day oversight of residents' medical conditions such as diabetes, epilepsy and dementia.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Further oversight of physical restraints such as bedrails was required to ensure that these were appropriately used in line with national guidance;

The system of checking bedrails when they were in use was not effective. For example, the current system was that at night the checks were to be completed in a paper-based format. The records reviewed by the inspectors did not provide sufficient assurance that the bedrails were regularly checked as some gaps were seen in the records, and some records consisted of a staff signature only, and no record that the bedrail was appropriately checked.

Additionally, there were some residents using bedrails during the day. The electronic system of checking the bedrails during the day was not consistently completed and evidenced large gaps. In one residents' record, there was no evidence of day time checks being completed, despite the resident being confined to bed.

Judgment: Substantially compliant

Regulation 8: Protection

Measures were in place to protect residents from abuse including staff training and an up to date safeguarding policy. Staff were aware of the signs of abuse and of the procedures for reporting concerns. Any allegations of abuse were investigated and referred to the appropriate external agencies, for example the safeguarding and protection team and advocacy services.

Judgment: Compliant

Regulation 9: Residents' rights

Overall, residents' right to privacy and dignity were respected. Residents were afforded choice in their daily routines and had access to individual copies of local newspapers, radios, telephones and television. Independent advocacy services were available to residents and the contact details for these were on display. There was evidence that residents were consulted with and participated in the organisation of the centre and this was confirmed by residents meeting minutes, satisfaction surveys, and from speaking with residents on the day.

Social assessments were completed for each resident and individual details regarding a residents' past occupation, hobbies and interests was completed to a

good level of personal detail. This detail informed individual social and activity care plans. A schedule of activities were available for residents.

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 7: Applications by registered providers for the variation or removal of conditions of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Fennor Hill Care Facility OSV-0007180

Inspection ID: MON-0044265

Date of inspection: 17/07/2024

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
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>S: To comply with regulation 28 the provider is committed to ensuring that the Centre is compliant in accordance with fire regulations. The provider directed, on the day of inspection, that all oxygen cylinders be removed immediately and stored appropriately. This was actioned and cylinders are now stored external to the building and in a secure location.</p> <p>The chairs in the outdoor smoking area had a dry brittle timber covering, which could pose a fire risk. The provider requested immediate removal of these chairs & they were replaced with steel chairs.</p> <p>M: Through our daily walk observations/ monthly health & safety audits</p> <p>A: Facility manager & oversight by the PIC</p> <p>R: Realistic – completed.</p> <p>T: 17th July 2024</p>	
Regulation 7: Managing behaviour that is challenging	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:</p> <p>S: The provider is committed to ensuring that the Centre is compliant with regulation 7. The current system of checking bedrails was not sufficient, as some gaps were noted in documentation.</p> <p>M: A thorough review of the system was conducted & changes were made to the documentation with the implementation of a more robust system of checks. This involved the introduction of a booklet for each resident ensuring that day & night safety checks are completed and that the Provider comes into compliance with regulation 7. The nurse</p>	

on duty will co-sign the documentation demonstrating oversight.

A: Through clinical governance meetings/ audits & oversight by the RM

R: Realistic – in place.

T: 18th July 2024

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)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Substantially Compliant	Yellow	17/07/2024
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.	Substantially Compliant	Yellow	18/07/2024