Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

# Issued by the Chief Inspector

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|---|---|
| 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: | Unannounced |
| Date of inspection: | 24 March 2022 |
| Centre ID: | OSV-0007180 |
| Fieldwork ID: | MON-0035357 |

## 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.**

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| Number of residents on the date of inspection: | 48 |

## 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 |
|---|---|---|---|
| Thursday 24 March 2022 | 09:30hrs to 18:00hrs | Catherine Furey | Lead |
| Friday 25 March 2022 | 09:45hrs to 16:00hrs | Catherine Furey | Lead |
| Thursday 24 March 2022 | 09:30hrs to 18:00hrs | Bairbre Moynihan | Support |

## What residents told us and what inspectors observed

Inspectors greeted and chatted with a number of residents and spoke in more detail to ten residents to identify their experiences of living in Fennor Hill Care Facility. Overall, residents were very positive about how they spent their days in the centre, and were highly complimentary of the staff, the food and the premises. Residents reported feeling safe in the centre and expressed satisfaction at how the centre was run. Overall there was a sense of well-being in this busy but homely centre.

Inspectors were met at the front door by the centre's administrator who conducted a brief check for signs and symptoms of COVID-19 prior to entering. This check was seen to be done for all visitors, staff and others entering the building. Inspectors noted on arrival that residents were using an area to the front of the centre to smoke, and not the dedicated smoking area to the rear of the centre. This area was equipped with appropriate ashtrays and the residents were supervised by staff. There person in charge explained that the recent storm had damaged the dedicated smoking shed and showed inspectors that this was in the process of being fixed. Inspectors were welcomed into the large foyer and noted that at that time of the morning, many residents were up and ambling about the main dining and sitting areas, and some relaxing on couches next to the fire. Staff were seen to be busy assisting residents, however inspectors noted that staff made time to chat with residents while also conducting their duties. The person in charge brought inspectors on a full tour of the premises. Later in the day, a representative of the registered provider came to meet with inspectors and was also present on the second day.

During the walk around of the premises, inspectors observed a centre that was generally very clean, bright and airy. The ground floor was a hive of activity throughout the day, with residents from both floor attending activities both indoors and outdoors. Inspectors saw many different small group activities ongoing on the ground floor during the day including a hurling matched screened on the large projector, familiar retro music playing while ladies had their nails painted and hands massaged, and in the afternoon residents enjoyed the good weather outside in the garden with staff, talking, reminiscing and enjoying a beer or glass of wine. The much-loved afternoon ice-cream cart remained a big hit with residents, with one remarking "we loved the ice cream so much we made them give it to us every day". Inspectors observed that the second floor of the centre, which is a more dementia-specific area, continued to have improvements made, including the complete redecoration of a small sitting room to a multi-sensory area. The activity coordinator explained that residents had been involved in choosing the decor of this area. Various options were looked at, and residents decided on a "Northern Lights" theme. Small numbers of residents were brought to this room on a scheduled basis for therapeutic relaxation. Soothing music and guided meditation, dimmed lighting, projection of the northern lights onto the walls and comfortable seating provided a gentle stimulation of the senses and greatly enhanced the dementia-friendly specification of the second floor. During the day, residents were seen to enter this

area independently and sit for a few minutes, and visitors were also observed sitting with their loved ones. One visitor commented that it was a lovely space to just sit, away from a bedroom or more busy sitting room.

Inspectors observed that residents were consulted with about what was happening in the centre. Regular satisfaction surveys were completed by residents which detailed their feedback on the service provided in relation to a number of areas, including food, activities, visits, bedroom accommodation, and staff. Inspectors saw that residents meetings were held regularly and the views and opinions of residents were documented. Action plans following meetings were developed. For example, there had been a small number of concerns raised at a recent meeting about the laundry service, and the person in charge took immediate action to address this with the external laundry provider. Staff spoken with confirmed that their minor issues or concerns were dealt with quickly, and never reached the level of a formal complaint. Inspectors spoke to a resident who was involved in auditing of hand hygiene who described how the person in charge had explained the importance of hand washing in light of the COVID-19 pandemic, and how the correct hand washing technique had been demonstrated to them. The resident monitored staff handwashing and said they enjoyed this, as they could remind staff and residents during the day of the proper technique and times to wash their hands. The resident said it made everyone more conscious of stopping the spread of infection.

The following two sections of the report will describe how the governance arrangements in the centre impact upon the quality and safety of the care and services provided for the residents. The findings in relation to compliance with the regulations are set out under each section.

## Capacity and capability

The governance and management systems in the centre had improved since the last inspection, and were contributing to the delivery of good quality care. It was evident that the management and staff of the centre were working towards full compliance with the regulations. Some improvements were required in respect of the provision of training, infection prevention and control and medication management. Overall, the management team were responsive to issues that arose during the inspection and made efforts to rectify these issues immediately.

The centre is owned and operated by Fennor Hill Care Facility Limited, who is the registered provider. There are four company directors, one of whom is engaged in the operations of the centre and is present in the centre one to two days a week. The centre was first registered in August 2019 and subsequently had a history of poor compliance with the regulations, including the absence of a person in charge for a short time. Following a series of ongoing engagements with HIQA including a warning meeting in July 2021, the registered provider had implemented improved governance and management systems. This included the appointment of an

appropriate person in charge and the addition of a regional manager with clinical and operational oversight of Fennor Hill Care Facility and the company's three other designated centres. The previous inspection which took place in September 2021 found that overall levels of compliance had improved. At that time, the new governance systems were in the early stages of implementation. The findings of this inspection were that these governance systems were strong, and were seen to be embedding into the centre, and that this had improved the quality and safety of the care given to residents.

This unannounced inspection was carried out over two days following an application by the registered provider to renew the registration of the centre. Additionally, inspectors assessed the overall governance of the centre to identify if the improvements seen on the previous inspection had been sustained and the actions outlined in the centre's compliance plan had been implemented. Following the initial registration of the centre in 2019, a restrictive condition was placed on the centre outlining that the additional 34 beds on the second floor cannot be used to accommodate residents until they have been inspected and deemed to comply with the regulations. This condition is to ensure that all existing and future residents are afforded appropriate dignity and privacy through the provision of adequate personal space and ensure that the premises meets the needs of these residents. The provider had not applied to remove this condition and was not seeking to increase the registered beds in the centre at this time. Inspectors observed that the third floor of the centre contained staff and storage facilities. An area of this floor was being used as communal space for residents to enjoy activities. This area had not been registered as part of the designated centre and in addition was not suitable for resident use. Residents ceased using this area during the inspection, as outlined under regulation 17: Premises. Following the inspection, a cautionary provider meeting was held to discuss the findings in relation to this area of the premises. The provider subsequently revised their application to renew the registration of the centre and decommissioned this area for resident use. An unused downstairs communal room was repurposed and designated as an activities room.

Inspectors found that there was sufficient staff on duty, across all areas of the centre, to meet the assessed needs of the residents. There was a minimum of two registered nurses on duty over 24 hours and on some days, including the day of inspection, there was an additional nurse assigned to the second floor, where there are a number of higher dependency residents residing. The person in charge and assistant director of nursing worked in a wholly supernumerary capacity, providing daily clinical and operational support to the staff. There were increased levels of dedicated activity staff since the previous inspection; one staff member was assigned to the first floor, and two to the dementia-specific second floor. While the overall provision of training was satisfactory, and included a blend of online and face-to-face training modules, there were some important training courses which had not been completed by all staff, as outlined under regulation 16: Training and staff development. Staff were seen to be well-supervised in their roles and were confident to carry out their assigned duties with a person-centred approach. A staff induction programme was in place with regular reviews to monitor the staff performance and identify additional training needs.

Inspectors were assured that the centre had good systems in place to ensure that the service was consistently monitored. The person in charge and assistant director of nursing collected weekly data to analyse for trends and to identify where improvements in the service were required. There was evidence that the centre had continually reviewed their COVID-19 contingency plan and had shared the plan with the wider staff. Regular safety pauses were held where the person in charge tested the contingency plan by simulating different outbreak scenarios. The person in charge described how this practice and the regular auditing of hand hygiene practices contributed to staff successfully containing a recent small outbreak of COVID-19 in the centre. 4 residents had contracted the virus. Records showed that the person in charged had liaised with and followed the advice of the public health department and the virus had not spread beyond the initial positive cases.

Inspectors found that record-keeping in the centre had improved and all requested records were made available to inspectors and seen to be well-maintained. Staff files showed that Garda (police) vetting disclosures were in place for all staff prior to commencing employment. The centre had a complaints policy and procedure which was on display in the main reception area. There was a low level of resident complaints and the person in charge explained that there was daily communication with residents regarding their choices, requests and opinions, and these were taken on board before ever reaching the level of complaint. This echoed what residents told inspectors on the day.

## Registration Regulation 4: Application for registration or renewal of registration

The registered provider had submitted a complete application for the renewal of the registration within the required time frame.

Judgment: Compliant

## Regulation 15: Staffing

From a review of rosters, and from observations on the day, inspectors were satisfied that there was a sufficient number of staff, of an appropriate skill mix, to meet the collective and individual needs of the residents, having regard for the size and the layout of the centre.

Judgment: Compliant

## Regulation 16: Training and staff development

Inspectors examined the training records held in the centre which identified the following gaps;

- Seven staff had not completed fire training
- Two staff had not completed training in behaviours that challenge. This is important as management informed inspectors that there were a number of residents in the centre that had behaviours that challenge.
- Three staff had not completed safeguarding training.

While management appeared to have good oversight of what training staff had attended, management need to ensure that staff have completed all mandatory training in line with regulation 28: Fire safety and regulation 8: Protection and any other additional training relevant to the staff members' individual roles.

Judgment: Substantially compliant

## Regulation 19: Directory of residents

The registered provider had established a directory of residents following the registration of the centre. This directory was maintained, available for review and contained all of the information specified in Schedule 3 of the regulations.

Judgment: Compliant

## Regulation 21: Records

Inspectors examined a sample of staff files and found that these all contained the information required by Schedule 2 of the regulations. Residents' records as required by Schedule 3 and other records as required by Schedule 4, including a record of restraints and fire safety records were in place and seen to be up-to-date and well-maintained. Retention periods were in line with regulatory requirements.

Judgment: Compliant

## Regulation 22: Insurance

The registered provider had effected a contract of insurance against injury to residents which was provided to inspectors for review. Inspectors saw that this was renewed yearly and was up-to-date.

Judgment: Compliant

## Regulation 23: Governance and management

The governance and management systems in place provided adequate oversight to ensure the effective delivery of a safe, appropriate and consistent service. There was a clearly defined management structure in place with clearly defined lines of authority and accountability. Inspectors spoke with various staff who demonstrated an awareness of their own, and other staff members' roles and responsibilities.

The person in charge and assistant director of nursing collected weekly key performance indicators in relation to restraint use, falls, antibiotic use and wounds. This information contributed to a schedule of audits of practices in the centre. Inspectors reviewed a number of audits and found that action plans for improvement were identified, with timelines for completion by assigned individuals.

A comprehensive annual review of the quality and safety of care delivered to residents in the centre for the 2021 was completed, with an action plan for the year ahead. This review included results of satisfaction surveys incorporated residents' and relatives' feedback regarding the care provided.

Judgment: Compliant

## Regulation 24: Contract for the provision of services

Inspectors reviewed a sample of residents' contracts of care. These were seen to be agreed on admission to the centre and included the terms on which the resident resides in the centre, including the terms related to the bedroom to be provided and the number of other occupants of the room. Residents' contracts clearly set out the services to be provided and the fees incurred under the Nursing Homes Support Scheme, and any other additional fees.

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.

The statement of purpose was updated following the inspection to include the

description of a number of storage and staff rooms, and to reflect the new management structure.

Judgment: Compliant

## Regulation 31: Notification of incidents

The person in charge maintained a record of all of incidents and accidents occurring in the centre including falls and injuries sustained by residents. A review of this record identified that all notifiable incidents as outlined under Schedule 4 of the regulations had been submitted to HIQA as required, and within the specified time frames.

Judgment: Compliant

## Regulation 34: Complaints procedure

Inspectors reviewed the record of complaints received in the centre. There were three open complaints at the time of the inspection which were being dealt with in accordance with the centre's own complaints policy. The record of closed complaints contained details on the nature of the complaint, investigation carried out and follow up communication with the resident and family as required. There was evidence that the outcome of a complaint was documented and this included the complainant's level of satisfaction with the result.

Judgment: Compliant

## Regulation 4: Written policies and procedures

The policies required by Schedule 5 of the regulations were in place and up-to-date in line with regulatory requirements.

Judgment: Compliant

## Quality and safety

Inspectors found that rights of the residents living in Fennor Hill Care Facility were

promoted, and the residents, where possible, were encouraged to live their lives in an unrestricted manner, according to their own capabilities. The centre's statement of purpose outlines that it's overall aim is to provide a home from home for the residents, where they are cared for, supported and valued through the delivery of person-centred care. Inspectors observed that staff and management adopted this ethos and as a result, residents had a good quality of life in a centre that met their needs. Some improvements continued to be required in relation to medication management and infection control procedures, to ensure consistent safe practices were adhered to.

The layout of the centre was maximised to ensure that residents could safely walk around and access different communal areas. There was assistive handrails on each corridor. As there were a small number of residents displaying exit-seeking behaviour, access to the second floor of the centre was via a coded keypad. Residents who were safe to use the elevator were provided with the code and seen to independently move between the floors of the building. There was unrestricted access to the outside garden, which had safe walkways which were accessible to wheelchair users. Residents residing on the second floor were supported to use the elevator independently where practicable. As outlined under regulation 17: Premises, one area of the building was being used for activities when it was not suitable for resident use. Additionally, the twin occupancy bedrooms required reconfiguration to maximise the privacy of the occupants.

Overall, the main areas of centre were found to be very clean. Cleaning staff had received training specific to their roles, however inspectors found that ancillary rooms such as storage and utility rooms were not cleaned to the same standard as the main areas. Storage in these rooms required review to ensure the segregation of clean and dirty items. The centre's deficits in relation to infection prevention and control were generally centred around premises and equipment issues, as discussed under regulation 27: Infection control. There were good practices observed in relation to hand hygiene and the wearing of personal protective equipment (PPE). The centre had successfully managed a small COVID-19 outbreak with the guidance of the public health department. Staff, visitors and residents continued to be regularly screened for signs and symptoms of COVID-19. Training modules in relation to infection prevention and control were up-to-date for all staff.

Inspectors saw that the food provided to residents was of a high quality and all meals, including those of a modified consistency were nicely presented and served to residents. Kitchen staff had completed training in the correct modifications of diets following the last inspection. There was a system in place for the identification of residents likes and dislikes, and their dietary and swallowing requirements on admission to the centre. Records showed that resident's changing needs in this regard were quickly handed over to kitchen staff to ensure the safety of the resident. Additionally, weekly reviews were held between the management and kitchen staff, where any required changes were discussed and all relevant paperwork, notices and care plans relating to residents food and nutrition requirements were updated accordingly.

The centre were seen to be risk-aware and had identified many clinical and

environmental risks, which were seen to be detailed in the centre's risk register. A review of this register identified good practice in relation to the identification and analysis of risks, with control measures identified and implemented to reduce the likelihood of the risk occurring. Fire safety in the centre was well-managed and there was regular reviews of fire safety equipment and means of escape. Regular fire drills were conducted and these included resident input where possible. Personal emergency evacuation plans were in place for all residents which detailed the level of assistance and method of evacuation required to ensure safe and quick evacuation in the event of an emergency.

Good practice continued to be seen in relation to resident assessment and care planning. Inspectors found that residents needs were routinely and appropriately assessed and this information incorporated into resident-specific plans of care. Residents were provided with a good level of evidence-based healthcare in the centre. There was good access to GP's and other healthcare professionals including speech and language therapy and physiotherapy. Overall medication management practices were good. There was a strong system in place in relation to the delivery of medications from the pharmacy. There was evidence of regular medication reviews with the GP, however, as seen on previous inspections, medication management required further review to ensure that medication-related errors were avoided.

Each resident's hobbies and preferences were captured in social assessments which informed their individual recreation and occupation care plans. The activities programme in the centre covered a range of diverse, interesting and appropriate activities, and activities took place over seven days. There was adequate space and facilities for residents to undertake activities in groups, and in private. Inspectors found that the rights and choices of the residents in the centre were promoted and every effort was made to safeguard residents from potential abuse.

## Regulation 11: Visits

The registered provider ensured that visits by residents' family and friends were facilitated seven days per week, at times of their choosing. Residents were able to receive visitors in a variety of locations including their bedrooms and dedicated areas within the centre. Visitors were requested to complete a brief screening for signs and symptoms of COVID-19 on arrival to the centre.

Judgment: Compliant

## Regulation 12: Personal possessions

There were small number of twin bedrooms in the centre which were spacious and

contained sufficient storage space for residents' personal items. The configuration of these rooms required review to ensure that residents could retain access to their own belongings without impinging on the privacy of the other occupant of the room. For example, in one room a resident would have to traverse the other resident's bed space to access their wardrobe.

There had been a small number of recent complaints regarding the external laundry service which related to items of residents' clothing going missing. The person in charge was managing the complaints and had engaged with the external laundry provider in relation to the service provided.

Judgment: Substantially compliant

## Regulation 17: Premises

Inspectors found that an area of the centre on the third floor was being used for resident activities. This area did not meet the premises requirements of Schedule 6 of the regulations as follows;

- It did not contain suitable safe flooring
- It did not have suitable ventilation, heating and lighting

The registered provider took immediate action on this finding and by the end of the inspection the area had been decommissioned for resident use.

Judgment: Substantially compliant

## Regulation 18: Food and nutrition

The actions required from the previous inspection had been completed in full and inspectors found that all residents, including those who required a modified diet had a choice of menu at each meal time. Residents were provided with adequate quantities of nutritious food and drinks, which were safely prepared, cooked and served in the centre. Residents could avail of food, fluids and snacks at times outside of regular mealtimes. Support was available from a dietitian for residents who required specialist assessment with regard to their dietary needs. There was adequate numbers of staff available to assist residents with nutrition intake at all times.

Judgment: Compliant

## Regulation 20: Information for residents

The registered provider had prepared a guide to the centre, a copy of which was made available to each resident. Information in the guide was up to date, accurate and easy for residents to understand. The guide was available in an accessible format for residents who had a visual impairment and contained all information required by the regulation, including a summary of the services and facilities in the centre, terms and conditions relating to residence in the centre, the procedure respecting complaints and visiting arrangements.

Judgment: Compliant

## Regulation 26: Risk management

The centre's risk management policy contained actions and measures to control a range of specified risks and which met the criteria set out in regulation 26. The centre's risk register contained information about ongoing, active risks and detailed the control measures in place to mitigate these risks.

Arrangements were in place for the identification, recording, investigation and learning from serious incidents. Audits of falls and incidents were regularly completed to identify areas for improvement and to minimise the risk of incidents reoccurring.

Judgment: Compliant

## Regulation 27: Infection control

Notwithstanding the many good practices in infection control seen on the day, inspectors found that the registered provider had not ensured that some procedures were consistent with the standards for the prevention and control of health care associated infections. This presented a risk of cross infection in the centre. For example:

- None of the hand hygiene sinks throughout the centre were compliant with current recommended specifications. In addition inspectors identified sinks that required cleaning
- There was inappropriate placement of a clinical waste bin including inappropriate disposal of household waste in the bin. This was addressed and rectified during the inspection
- There was inappropriate storage of cleaning equipment in both sluice rooms. In addition one sluice room did not contain a clinical waste bin. This was

addressed on the day of inspection.

- Sluice room racking requires review to ensure that cleaned sanitary equipment such as urinals and bedpans can be inverted while drying and have suitable drip trays
- Linen store rooms in the centre did not promote good infection control practices. Both linen store rooms on the first floor required attention. Inspectors found for example the inappropriate storage of; a duvet which was stained, a pillow in which there was a break in the integrity, storage on the floor and a malodourous smell in one of the linen store rooms. While these issues were addressed on the day of inspection management need to ensure that there is oversight of the cleaning and appropriate storage of clean linen separate to other storage in these rooms.
- There was no dedicated housekeeping room containing a janitorial sink and hand hygiene sink.

Judgment: Substantially compliant

## Regulation 28: Fire precautions

Records reviewed by inspectors indicated that fire-fighting equipment in the centre was serviced annually and the fire alarm and emergency lighting system were serviced on a quarterly basis. Fire safety training took place regularly and included evacuation procedures and use of fire equipment. Regular fire drills took place which simulated various evacuation with different staffing levels. Staff spoken with confirmed that they had been involved in simulated fire evacuation drills and were knowledgeable regarding the evacuation needs of residents.

Judgment: Compliant

## Regulation 29: Medicines and pharmaceutical services

While overall medication management procedures were seen to be strong, further oversight of medication administration was required to minimise the risk of medication-related errors occurring. Inspectors identified three examples of poor medication management as follows;

- A stock of controlled medication, dispensed from the pharmacy for one particular resident, was being administered to other residents. Medications which are no longer required by a resident are required to be segregated from other medications and returned to the pharmacy.
- A high-risk sedative medication was being administered regularly, despite having been prescribed on an "as-required" basis. Associated nursing documentation did not provide clarity or rationale as to why this medication

continued to be administered regularly.

- The available quantity of an important medication indicated that a number of doses of the medication had not been administered since the medication was dispensed from a pharmacy the previous month. This medication had been signed as administered every day

The person in charge to immediate action to rectify these issues and improved practices were seen to be implemented by the second day of inspection.

Judgment: Substantially compliant

## Regulation 5: Individual assessment and care plan

Inspectors reviewed a sample of residents' care plans and nursing assessments. Relevant information was seen to have been documented prior to and following admission to the centre. Care plans had been developed with the support of residents and family members. These were seen to contain sufficient information to guide staff in caring for the medical and nursing needs of residents. All residents had wellbeing care plans which provided details and interventions to guide staff on how best to support the residents psychological and social needs.

Validated risk assessment tools were used to identify specific clinical risks, such as risk of falls, pressure ulceration and wandering. Records showed that assessments were regularly updated in line with residents' changing needs, for example following a fall or on return from a hospital stay.

Judgment: Compliant

## Regulation 6: Health care

As seen on the previous inspection, residents continued to have good access to a high level of nursing and medical care in the centre. Continuity of care was provided by the residents visiting GP. Records reviewed by inspectors identified that the expertise and directions of medical and other health care professionals such as consultant psychiatry, optometry, and dietetic services was followed. The health of residents was promoted and residents were encouraged to mobilise and exercise regularly according to their capabilities.

There was a low level of pressure ulcers occurring in the centre, and when these did occur, inspectors found evidence that they were appropriately managed through the healing process, incorporating advice from wound care specialists, pressure-relieving equipment such as mattresses, and nutritional supplementation to promote wound healing.

Judgment: Compliant

## Regulation 7: Managing behaviour that is challenging

A small number of residents were identified as displaying behaviours that challenge. From a review of residents' records and from observations during the course of the inspection, it was evident that the centre were managing these behaviours well, with a planned multidisciplinary approach involving psychiatry and gerontology services. Behavioural support plans were in place for these residents which contained sufficient detail regarding the triggers to the behaviour and the de-escalation techniques that worked well. Medications were seen to only be used as a last resort, once all non-medical alternatives to managing the behaviour had been trialled.

Restraints such as bedrails were appropriately assessed prior to use and there was a procedure in place for their regular review and release, in line with national guidelines.

Judgment: Compliant

## Regulation 8: Protection

Inspectors were assured that there were appropriate measures in place to safeguard residents and protect them from abuse.

- Staff spoken with were knowledgeable of what constitutes abuse and how to report any allegation of abuse.
- Records reviewed by inspectors provided assurances that any allegation of abuse was immediately addressed and investigated.
- All staff had the required Garda (police) vetting disclosures in place prior to commencing employment in the centre.
- The centre was not acting as a pension agent for any resident. Inspectors verified that there was secure systems in place for the management of residents' personal finances.
- The registered provider facilitated staff to attend training in safeguarding of vulnerable persons. As identified under Regulation 16: Training and staff development, this training was due to be attended by two staff members and this was completed following the inspection

Judgment: Compliant

## Regulation 9: Residents' rights

A review of residents' meeting minutes and satisfaction surveys confirmed that residents were consulted with and participated in the organisation of the centre. Residents had access to individual copies of local newspapers, radios, telephones and television. Notice boards in the centre prominently displayed details of available advocacy services and some residents were engaged with external advocacy and disability services. Residents of all ages were supported to access services appropriate to their needs and capacities including appropriate day care services.

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 |
| Regulation 15: Staffing | Compliant |
| Regulation 16: Training and staff development | Substantially compliant |
| Regulation 19: Directory of residents | 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 | Substantially compliant |
| Regulation 17: Premises | Substantially compliant |
| Regulation 18: Food and nutrition | Compliant |
| Regulation 20: Information for residents | Compliant |
| Regulation 26: Risk management | Compliant |
| Regulation 27: Infection control | Substantially compliant |
| Regulation 28: Fire precautions | Compliant |
| Regulation 29: Medicines and pharmaceutical services | 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 Fennor Hill Care Facility OSV-0007180

## Inspection ID: MON-0035357

## Date of inspection: 25/03/2022

**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 | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 16: Training and staff development:<br>S: To comply with regulation 16 the PIC has carried out a review on all training deficits to date all newly appointed staff have completed fire training, Safeguarding and Challenging behavior as required by regulation 16.<br>M: Through audits and oversight by the PIC<br>A: By the PIC and supported by the regional manager<br>R: Realistic<br>T: 17th May 2022 | |
| Regulation 12: Personal possessions | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 12: Personal possessions:<br>S: To comply with regulation 12 the PIC has configurated the twin room on the day of inspection to ensure the privacy of the other occupant of the room is maintained at all times. Complaints are reviewed and acted on as per policy. Meetings were held with the laundry company to address and rectify any complaints.<br>M: Through monthly compliance audits carried out by the regional manager to ensure compliance<br>A: By the PIC & supported by the regional manager<br>R: Realistic<br>T: 25th March 2022 | |

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| Regulation 17: Premises | Substantially Compliant |

Outline how you are going to come into compliance with Regulation 17: Premises:
S: To Comply with regulation 17 the third floor did not meet the premises requirements of Schedule 6 this area was immediatletly closed off to residents and the activities were redirected to an approprtiate area that complied with the regulations
M: By the PIC through safety walks to ensure compliance
A: By the PIC and supported by the regional manager
R: Realistic
T: Immediate on the day of inspection 25th March 2022

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|---|---|
| Regulation 27: Infection control | Substantially Compliant |

Outline how you are going to come into compliance with Regulation 27: Infection control:
S: To comply with regulation 27 a review of the center's sinks not complaint with the current recommended specifications. The refurbishment programme will fully address the failings identified by inspector.
M: Through infection control audits
A: By the PIC and supported by the provider
R: Realistic
T: August 2022

S: To comply with regulation 27 equipment stored inappropriately in the sluice room was removed on the day of inspection, waste management was rectified on the day of inspection and appropriate racking was sourced and installed. The household have a designated household area with a new janitorial sink installed with an appropriate hand-washing sink. Both linen rooms are audit and checked daily to ensure compliance.
M: Through infection control audits
A: By the PIC and supported by the regional manager
R: Realistic
T: 28th March 2022

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| Regulation 29: Medicines and pharmaceutical services | Substantially Compliant |

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| Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:<br>S: To comply with regulation 29 the findings on the day of inspection was corrected. All medications not required for residents were sent back to the pharmacy as per policy. The high-risk medication was changed from PRN to regular medication as it was evidenced that it was given regularly and not a PRN as charted. The pharmacist was consulted with regards to a mediaction that stored in the fridge after consultantrion and guidance the medication is now in the blister pack. A medication error was issued to the nursing team and was brought to the attention of our clinical governace meeting.<br>M: Through medication audits and pharmacy audits<br>A: By the PIC and supported by the reginal manager<br>R: Realistic<br>T: 25th March, 2022 | |

## Section 2:

## Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

| Regulation | Regulatory requirement | Judgment | Risk rating | Date to be complied with |
|---|---|---|---|---|
| Regulation 12(a) | The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that a resident uses and retains control over his or her clothes. | Substantially Compliant | Yellow | 25/03/2022 |
| Regulation 12(b) | The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that his or her linen and clothes are laundered regularly and returned to | Substantially Compliant | Yellow | 25/03/2022 |

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| | that resident. | | | |
| Regulation 16(1)(a) | The person in charge shall ensure that staff have access to appropriate training. | Substantially Compliant | Yellow | 17/05/2022 |
| Regulation 17(2) | The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6. | Substantially Compliant | Yellow | 25/03/2022 |
| Regulation 27 | The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff. | Substantially Compliant | Yellow | 28/03/2022 |
| 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 pharmacist regarding the | Substantially Compliant | Yellow | 25/03/2022 |

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| | appropriate use of the product. | | | |
| Regulation 29(6) | The person in charge shall ensure that a medicinal product which is out of date or has been dispensed to a resident but is no longer required by that resident shall be stored in a secure manner, segregated from other medicinal products and disposed of in accordance with national legislation or guidance in a manner that will not cause danger to public health or risk to the environment and will ensure that the product concerned can no longer be used as a medicinal product. | Substantially Compliant | Yellow | 25/03/2022 |