



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:	Unannounced
Date of inspection:	30 January 2023
Centre ID:	OSV-0007180
Fieldwork ID:	MON-0039159

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:	54
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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
Monday 30 January 2023	10:05hrs to 17:00hrs	Catherine Furey	Lead

What residents told us and what inspectors observed

Residents living in Fennor Hill Care Facility told the inspector that this was a nice place to live. The observations of the inspector on the day, feedback from residents and visitors, and a review of residents' records identified a service which was, for the mostpart, meeting the residents' needs. Residents were complimentary with regard to the care and support they received, in an environment that promoted comfort.

The inspector was met by the nurse management team on arrival at the centre. Following an introductory meeting with the person in charge, the inspector walked through the centre. This gave opportunity to meet with residents and staff and to observe the day-to-day routines in the centre. The inspector observed that the environment was calm, relaxed and welcoming. Care was observed to be delivered in an unhurried manner. The inspector observed that staff spent time engaging with residents and overheard polite conversation throughout the morning while staff assisted residents with their care needs. Staff were seen to respond to residents' needs and queries in polite way. The inspector spoke with several staff members, who were knowledgeable about the residents and their needs, and knew the processes to respond to complaints and safeguarding issues. Staff told the inspector that they were well-supported by the management team.

The centre was clean throughout and was well-lit, warm and inviting. Residents were seen using the various communal spaces over both floors of the centre independently. Where assistance to mobilise around the centre was required, this was provided by staff in a discreet yet encouraging manner. The inspector observed appropriate, safe use of moving and handling aids such as hoists when required. A seating area with an electric fire was located in the large reception area and this was a comfortable area, favoured by some residents who enjoyed watching people come and go during the day. Emergency call facilities were accessible in all resident communal and private accommodation areas. The inspector observed that, where residents used the call bell to summon assistance, staff responded in a timely manner. A number of residents' bedrooms viewed by the inspector had been personalised to the resident's individual styles, and included personal items such as family photographs, and artwork, and memorabilia from the resident's home. One resident said that they loved having their own space, and that her privacy was important to her. This resident also said that staff were always kind and courteous and respected her wish to stay in her bedroom. Residents clothing was laundered via an external laundry service. Previous inspections had highlighted some delays and concerns from residents that items of clothing had gone missing. On this inspection, residents who spoke with the inspector expressed their satisfaction with the current laundry service.

The inspector observed the residents' lunch time dining experience. There was a menu on display in the main dining rooms on each floor, which clearly showed the options available that day. Residents who spoke with the inspector, described that

they could select from a choice of courses at lunch time. Some residents chose to have their meals in their bedrooms, and this was facilitated by staff. The dignity of residents at mealtimes was upheld by staff who assisted with dietary intake in an appropriate and sensitive manner. All residents who spoke with the inspector had high praise for the choice and quality of food on offer.

The inspector observed group activities in the centre. There were two activity coordinators on duty, one on each floor, and during the day there was a variety of arts and crafts, dementia-specific reminiscence and sing songs organised. Residents were seen singing along with well-know songs, and staff were aware of the residents musical preferences. There was time assigned for quieter interactions, and residents enjoyed using the hairdressing room, which had been upgraded since the previous inspection to include a beauty salon-style area where residents could attend to avail of hand massage and nail painting. Staff members were aware of what residents preferred to remain in their rooms, and time was allocated to ensure one-to-one activities were provided for this small number of residents.

Overall, the inspector observed a relaxed and homely environment. The feedback from residents was positive, with residents saying that they felt safe and content within the centre. The next two sections of the report present the findings of the inspection and are presented under the relevant regulations. The report describes how the governance arrangements in place support the quality and safety of the service.

Capacity and capability

The inspector found that residents received a high standard of care from a committed staff team, who knew them well and understood their individual needs and requirements. The findings of the inspection, as highlighted under each regulation, evidence a sustained commitment to continuous quality improvement, with the aim of enhancing the residents' experience living in the centre. There was good governance and management systems in place, supported by adequate resources which ensured that residents had a good quality of life.

This was an unannounced inspection, carried out by an inspector of social services to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The inspector followed up on the actions taken by the provider to address areas of substantial compliance found on the last inspection in February 2022 and found that these actions had been completed. Some further issues were identified on this inspection, as outlined in the Quality and Safety section of the report. There were 54 residents living in the centre on the day of the inspection and there were two vacant beds.

Fennor Hill Care Facility Limited is the registered provider of the centre. One of the directors of this company represents the provider for regulatory matters, and is engaged in the operational oversight of the service. A Quality Manager, who also

has responsibility for four other centres, provides support to the person in charge and attends the centre regularly. There were deputising arrangements in place for when the person in charge was absent. The management team was a visible presence in the centre and were well known to residents and staff. On a day-to-day basis, the person in charge led the clinical management team, including an assistant director of nursing and clinical nurse manager to direct teams of nurses, healthcare assistants, activity staff, housekeeping, catering, administration and maintenance staff to deliver daily care and support. The lines of accountability and authority within the staff teams were clearly identified. There were strong communication channels and a team-based approach. Minutes of meetings reviewed by the inspector showed that a range of topics were discussed such as infection prevention and control, staffing strategy and other relevant management issues.

Staffing numbers were appropriate to meet the assessed needs of the residents. Following on from the last inspection, the staffing numbers on duty in the evening had been increased to ensure that there was adequate supervision of residents during the evening medication round. The person in charge provided clinical supervision and support to all staff. Staff whom the inspector spoke with, demonstrated an understanding of their roles and responsibilities. There was a thorough induction programme in place which all new staff were required to complete, over a fixed period of time. Staff had access to education and training appropriate to their role. This included fire safety, moving and handling, safeguarding and infection prevention and control training.

The provider had structured systems in place to monitor and review the quality of the service provided for residents. A range of data was collated on a weekly basis which informed a wider audit schedule of clinical practice. Audits had been completed which reviewed areas such as infection prevention and control, medication management and incidents and accidents occurring in the centre. Where areas for improvement were identified, action plans were developed and completed. Results of satisfaction surveys were reviewed by the inspector, and these echoed the positive feedback, opinions and compliments of the residents and families whom the inspector spoke with during the inspection.

The centre had a complaints policy and procedure which clearly outlined the process of raising a complaint or a concern. Records viewed by the inspector showed that any concern or complaint was investigated thoroughly and progressed through the complaints procedure, including documentation of the complainant's satisfaction with the outcome.

Regulation 15: Staffing

The inspector reviewed planned and worked rosters which identified that there was a high number of staff employed in the centre. Based on the centre's layout, and the dependency needs of the residents, there was an appropriate number and skill-mix of staff rostered on a daily basis, across all departments, to ensure the residents'

needs were met.

Judgment: Compliant

Regulation 16: Training and staff development

The training records reviewed by the inspector indicated that the vast majority of staff were up-to-date with mandatory and other relevant training. Newer members of staff were awaiting some training which was booked for the near future. There was a good system of induction in place and staff were well-supervised in their roles.

Judgment: Compliant

Regulation 23: Governance and management

There was evidence of good operational and clinical oversight of the service. Well-developed systems had been embedded by the management team, to ensure a safe, consistent and person-centred service was provided. There were arrangements in place to monitor the quality of care and support in the centre. The management team carried out various audits in the centre on key areas relating to the quality and safety of the care provided to residents. Where areas for improvement were identified within these audits, plans were put in place to address these, and follow-up audits were completed showing higher levels of compliance.

The person in charge had completed an annual review of the quality of care delivered in 2022. This included feedback and consultation with the residents, and outlined the service's plan for 2023.

Judgment: Compliant

Regulation 34: Complaints procedure

A record of complaints received was maintained in the centre. There was an overall low level of formal complaints being made, and there was one open complaint at the time of the inspection. The record of closed complaints identified that all complaints were managed in accordance with the centre's own policy, and in line with regulatory requirements.

Judgment: Compliant

Quality and safety

Management and staff placed an emphasis on the promotion of residents' rights in the centre. Residents were recognised for having their own identities and personal preferences for how they decided to spend their time. A respectful approach by those working in the centre ensured that the day-to-day running of the home reflected the residents wishes. This inspection identified that some improvements were required in relation to assessment and care planning, and medication management, to ensure consistent good outcomes for residents.

The centre was dealing with a small outbreak of COVID-19. Isolation of residents within the centre had been completed on the advice of the public health department PPE was readily available for staff and was used in line with national guidance. Protocols were in place for symptom monitoring and health checks for residents, staff and visitors to the centre. Housekeeping staff were competent in the correct cleaning procedures to maintain a safe environment for residents and staff. All areas of the centre was cleaned and decontaminated to a high standard. While the COVID-19 outbreak impacted on the freedom of residents who had contracted the virus to move around the centre as normal and to participate in their usual daily activities, residents were kept informed about the reasons for this and were supported to have regular visitors under current national guidance.

Residents were provided with regular access to general practitioner (GP) services. Residents also had access to social and health care services, either privately or through referral to community services including, dietitian, speech and language therapy, dental, chiropody and occupational therapy. The in-house physiotherapist provided regular reviews of residents' mobility and function. While the overall system for clinical assessment was strong, and included a range of evidence-based assessment of risks such as malnutrition, falls, and pressure-related skin damage, further oversight was required to ensure that all clinical risks were identified on admission to the centre.

From the sample of care plans reviewed, these were seen for the most part to be personalised, and individual to the resident, describing the actions required to meet their needs. In the absence of robust clinical assessment for one resident, an appropriate plan of care was not formalised. This is discussed further under regulation 5: Individual assessment and care plan. Similarly to previous inspection, medication management procedures in the centre required strengthening. Overall, the systems in place promoted safety, however, as discussed under regulation 29: Medicines and pharmaceutical services, the inspector identified issues which could lead to medication-related errors occurring.

Residents and their family members were invited to complete satisfaction surveys each month with the aim of identifying any areas for improvement within the

service. Additionally, residents were invited to attend monthly meetings where they were encouraged to give their feedback and discuss the operations of the centre. Residents were actively involved in small projects in the centre, including choosing wallpaper, paint and furnishings when communal areas were being redecorated.

There was a varied programme of activities in the centre, which took place over seven days. Predominantly, there were activities on offer on both floors of the centre each day. These included well-loved favourites such as Bingo, baking and art. Some residents had hopes to progress towards moving from the centre and returning to live at home, and this was supported by management who engaged with various agencies to realise these wishes in a safe and supportive way. Other residents were encouraged to attend day care services and to maintain personal relationships with family and friends through regular visits and trips out where possible.

Regulation 11: Visits

The visiting arrangements in place on the day of inspection did not place any unnecessary restrictions on residents. The level of visiting during the recent outbreak of COVID-19 was determined under the guidance of the public health team.

Judgment: Compliant

Regulation 12: Personal possessions

There was a small number of twin-occupancy rooms in the centre. These were seen to have been configured in a way to maximise the privacy and dignity of each resident within their own space in the room.

Engagements between the external laundry service and the management team had resulted in an improved laundry service since the previous inspection. Records of resident's meetings and information provided to the inspector through conversing with residents identified that they and were generally satisfied with the arrangements in place to launder and return their clothing.

Judgment: Compliant

Regulation 27: Infection control

The registered provider ensured that the procedures, consistent with the standards

for the prevention and control of healthcare associated infections published by the Authority were implemented by staff. Records showed that management engaged in regular observational audits of hand hygiene and environmental infection control. Good practices were seen on the day in relation to the small number of residents who were isolating due to COVID-19 infection.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

While overall medication management procedures were good, further oversight of medication administration was required to ensure that best-practice guidance for medication management was followed. The inspector identified the following issues;

- An insulin pen which was in use, was labelled with a date of opening that exceeded the four-week window by which it should have been discarded. This could lead to ineffectiveness of the medication.
- Medications which were required to be administered in an altered format by being crushed, were not individually reviewed to determine their suitability to be administered in this way. As a result, medications which could not be crushed and which were available in alternative formats such as liquids were not prescribed in this manner and were routinely crushed.
- The system of transcribing prescribed medications required strengthening. Transcribed medications were not routinely double-checked or signed by the transcribing nurse. Transcribing is a high-risk practice which could lead to medication errors.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

A sample of four residents' care planning and assessment documentation was reviewed. The inspector identified deficits in one residents' records as follows:

- A nutrition care plan was not completed until one month after admission, despite the resident being diabetic, requiring insulin and a diabetic diet.
- A clinical assessment for risk of pressure ulceration and skin damage was not completed, despite the medical history on admission indicating the need for one.
- A clinical assessment for malnutrition was not completed despite nursing narrative notes and food charts completed by health care staff indicating a decrease in appetite and poor intake.

Judgment: Substantially compliant

Regulation 6: Health care

There was a system of appropriate and timely referral to medical and health and social care professionals. In addition, there was good evidence that the prescribed recommendations were followed which had a positive impact on resident outcomes. For example, the advice of specialist wound care nurses was followed and wounds were seen to be well-managed through the healing process.

Judgment: Compliant

Regulation 9: Residents' rights

There was a focus on ensuring that residents rights were upheld in the centre. For example, residents and their family members were invited to complete satisfaction surveys each month with the aim of identifying any areas for improvement within the service. Additionally, residents were invited to attend monthly meetings where they were encouraged to give their feedback and discuss the operations of the centre. Residents were provided with choice in their day-to-day lives, including choosing their preferred time to wake up, what they preferred to eat and what activities they wanted to participate in.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 27: Infection control	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Fennor Hill Care Facility OSV-0007180

Inspection ID: MON-0039159

Date of inspection: 30/01/2023

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 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>S: To Comply with regulation 29 the PIC is committed to ensuring that compliance in medicines are robust by further audits to include crush medication, insulin, & transcribing of medicines. On the day of inspection, the pharmacist reviewed the medication and sent a suitable tablet that could be crushed without losing the effectiveness of the medication. The Insulin pen that was passed the four-week window was discarded and new insulin pen opened. The pharmacist is committed to doing further audits, medication reviews. In addition, the regional manager has sourced further training to include discrepancies highlighted in this report.</p> <p>M: Through weekly insulin audits and monthly medication audits</p> <p>A: By the PIC and monitored by the regional manager on monthly inspections</p> <p>R: Realistic</p> <p>T: 31st January 2023</p>	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>S: To comply with regulation 5 the PIC is committed to ensuring care plans and assessments are monitored monthly but also to include that all new admission have a day 2 review by the ADON /PIC to ensure care plans & assessments are completed entirely that reflect the care of the resident. The assessments & care plans identified in the report was corrected.</p>	

M: Through Care plans & assessment audits

A: By the PIC and monitored by the regional manager on monthly inspections

R: Realistic

T: 31st January 2023

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 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 appropriate use of the product.	Substantially Compliant	Yellow	31/01/2023
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident	Substantially Compliant	Yellow	31/01/2023

	immediately before or on the person's admission to a designated centre.			
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	31/01/2023