



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:	14 June 2023
Centre ID:	OSV-0007180
Fieldwork ID:	MON-0040487

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
Wednesday 14 June 2023	10:00hrs to 19:45hrs	Niall Whelton	Lead

What residents told us and what inspectors observed

Fennor Hill Nursing Home is located within walking distance of Urlingford town. It is within a four storey building with registered accommodation at ground, first and third floor. The second floor was the subject of the application to vary the registration of the centre.

The inspector was met by the person in charge and an introductory meeting was held, at which the purpose of the inspection was outlined. Following the introductory meeting, the inspector did a walkthrough of the centre, commencing at second floor, and continuing throughout the centre.

The inspector reviewed the additional accommodation at second floor; it comprised 30 single and two twin en suite bedrooms, a dining room, day room, snug, family room, sluice room, nurse station and ancillary bathrooms. The bedrooms were adequately sized and each had an ensuite. The layout of the twin rooms were not complete; the privacy curtains were not hung and the location of the wardrobe in one room was not finalised. In order to comply with the regulations, further work was required.

The inspector also reviewed the remainder of the centre. There was a resource room at ground floor, which was in the process of being upgraded. Additional furniture was being procured and a laptop for residents use. The person in charge explained how the residents had been involved with the upgrade and had selected the wallpaper. On entry to the centre, there was an inviting reception with seating area and residents were observed to use this space. warm. The layout of each floor was easy to navigate for residents. Day spaces were being used by residents and there was a positive and pleasant atmosphere during the day. There were multiple access points to the rear garden from the sitting room and dining room. The gardens were pleasant and were laid out with paving and planting. There was a smoking area within the garden area. It was equipped with extinguisher, fire blanket and suitable furniture. There was a call bell, however when it was pressed it did not work.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered.

Capacity and capability

The overall findings of this inspection were that Fennor Hill Nursing Home had adequate systems of day-to-day fire safety management in the centre, however improvements were required as detailed in the quality and safety section of this report. The inspector found that action was required in relation to fire precautions and premises.

This was an unannounced one day inspection to assess compliance with the regulations, and to inform the decision for an application to vary the registration of the centre, which included 30 additional single ensuite rooms and two twin ensuite rooms, communal rooms and ancillary accommodation at second floor. This inspection included a focused review of fire precautions in the centre

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., Three directors of the company were present on the day of inspection. 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.

Immediate action was required from the provider to address the lack of smoke detection within a chemical store at third floor level. Assurance was received from the provider that this would be addressed on the day of inspection.

The provider arranged for a fire safety risk assessment by a third party fire safety expert, the report for which was dated 28 February 2023, with a follow up review by the same company on 31 March 2023. The full extent and scope of the assessment was not clear. Fire safety issues identified during the inspection were not accounted for in the fire safety risk assessment.

The registered provider had applied to vary the registration of the centre, comprising additional 30 single and two twin rooms, three communal spaces and ancillary accommodation. While it would mostly comply with the regulations, some assurances were required in relation to Regulation 17 Premises and Regulation 28 Fire Precautions.

Regulation 23: Governance and management

The management systems in place to provide oversight and effective maintenance of the designated centre were not effective as evidenced by the fire safety risks and premises deficits identified during the inspection.

Judgment: Substantially compliant

Quality and safety

Action was required by the provider to come into compliance with the regulations, in particular in relation to fire precautions and premises.

Exits and escape stairs were numbered with annotated signage to each, which would assist staff during evacuation. Fire doors had labels which included a date of inspection and a pass/fail status. Each floor was laid out to provide an adequate number of escape routes and exits. There was an stairs at each end of the building with a central stairs, each providing escape routes for each floor. The ground floor was afforded additional exits from the day spaces. The external escape routes led occupants out and away from the building, however inadequate emergency lighting was available on these routes.

There was an addressable fire alarm system, which meant that the location of the activation of the fire alarm system would be swiftly identified on the panel. Adjacent to the panel were instructions on its use and instructions for staff on the discovery of fire, and for calling the fire brigade.

The provider had adopted a simple system of colour coded tags outside bedroom doors to alert staff during evacuation of the dependency of the residents in the room and this guided the number of staff required to assist the resident. A number of rooms were missing the tags. This was immediately addressed by the person in charge.

The premises was mostly compliant with the regulations, however actions were required and these are detailed under regulation 17, premises.

There was a generator on site, however this was not working. The person in charge confirmed there was a contingency plan in place in the event that a generator was required.

With regard to water supply, flushing records were made available for water outlets, however further assurance was required from the provider regarding the manner in which water was stored in the third floor.

Regulation 17: Premises

Actions were required by the provider to ensure Compliance with Regulation 17 and Schedule 6:

- owing to the hot weather on the day of inspection, there were a number of windows at first floor which were opened beyond the safety restrictor,

creating a risk of falls from a height. The person in charge confirmed this would be addressed on the day of inspection

- storage arrangements were not adequate; wheelchairs and mobility aids were being stored within a communal toilet and there was a mop bucket with water and mop stored in the sluice room.
- the toilet seat in the communal residents' toilet at first floor was not secured to the toilet
- the drain of the small hand wash sink on first floor corridor was blocked
- the extract vents in a linen room were visibly unclean
- the drain in an en suite was unclean
- the handwash sink in the house keeping laundry was unclean
- the water storage tanks at third floor comprised 12 plastic oil tanks.
Assurance was required that the arrangements for the storage of water was safe and did not lead to stagnant water in any of the tanks

Judgment: Substantially compliant

Regulation 28: Fire precautions

Action was required by the provider to come into compliance with this regulation, in particular, containment of fire and precautions against the risk of fire.

Under this regulation the provider was required to address an immediate risk that was identified on the day of inspection. The cover of the smoke detector in the chemical store had been missing for the previous five days. The manner in which the provider responded to the risk did provide assurance that the risk was adequately addressed. The provider confirmed this would be fitted on the evening of the inspection

Actions were identified on this inspection that are required to ensure adequate precautions against the risk of fire and the safety of residents:

- the closing force of some fire doors was excessive and may cause injury to residents and staff when they would close
- the third floor comprise two large vacuous storage spaces. At the time of inspection, storage was organised. A risk assessment is required to determine its suitability and to identify strict control measures to ensure that the potential risk of a large fire is managed
- the structural steel for the roof was exposed and visible, and assurance was required that the structural elements of the roof structure were adequately fire protected as required
- the call bell at the smoking shelter, for residents to summon help was not working
- there was an electrical socket in close proximity to the handwash sink in the sluice room, creating a potential risk of water ingress to the electrical socket
- the timber shelves surrounding the radiator resulted in linen storage on top of

a heat source

Assurance was required regarding the measures in place to contain fire;

- the inspector saw that there was inadequate containment of fire between the hair salon and the escape corridor. This was as a result of a void between the ground floor level and the first floor. Assurance was required that fire containment was reviewed in full throughout the building, in particular where cavities are formed between the ceiling and the structural floor above, to ensure adequate containment of fire
- the construction of the walls enclosing the boiler room and the electrical room at third floor was not adequate. The joints of the plasterboard were not taped and sealed to ensure fire would be contained
- further assurance was required on containment of fire, where walls at third floor met the insulated roof cladding. For example around the boiler room
- the wall between the laundry and store and 3rd floor visibly moved and may not be an effective barrier to fire spread
- there was a panel in the wall of the store beside the sensory room which was not adequately fire rated
- the enclosure to the electrical room at first floor did not provide adequate containment of fire; the junction between the wall and ceiling was not sealed and the existing fire sealing did not provide an effective barrier to fire spread
- the inspector observed a number of service penetrations through fire resisting construction which were not adequately sealed to contain fire

Action was required to ensure adequate means of escape, including emergency lighting:

- Some areas of the external escape routes did not have adequate coverage of emergency lighting to ensure safe escape to the assembly points

Assurance was required regarding the measures in place to detect fire;

- additional detection was required in the corridor recess accessing bedrooms 28 and 29

Action was required to ensure adequate warning of fire:

- the floor plans on display adjacent to the fire alarm panel, did not show the correct layout, for example the clinical room and family room at first floor. Assurance was required that the annotation on the fire alarm panel matches the current function of all rooms to ensure early and correct identification of the location of the fire.

Action was required to ensure staff received suitable fire safety training:

- there were six staff who were not up to date with fire safety training

The arrangements for evacuating residents required improvement:

- it was identified that additional evacuation chairs were required for stairs 1 and 3, these were not yet in place
- the provider had adopted a simple system of colour coded tags outside bedroom doors to alert staff during evacuation of the dependency of the residents in the room and this guided the number of staff required to assist the resident. A number of rooms were missing the tags
- each bed had a ski sheet beneath the mattress to assist the evacuation of residents in their mattress if required. From a sample looked at by the inspectors a number were found to be not correctly fitted to the mattress.

Judgment: Not 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 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 28: Fire precautions	Not compliant

Compliance Plan for Fennor Hill Care Facility OSV-0007180

Inspection ID: MON-0040487

Date of inspection: 14/06/2023

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The privacy curtain in the twin room was installed & the reconfiguration of the room was completed on June 19th, 2023 to comply with the regulations.</p> <p>The company has a contingency plan in place and a generator for the homes use is available at short notice if and when required. The switch over gear is already in place.</p> <p>The fire risk assessment dated 28th of Feb, 2023 is under review and accordingly is being revisited in accordance with PAS 79-1:2020 following an ongoing assessment which has commenced. Actions identified from this risk assessment will be acted upon in accordance with SMART principles.</p> <p>All other areas of non-compliance identified during the inspection will be discussed under the regulations 17 & 28 below.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The following actions are being taken to come in to compliance with regulation 17- Premises</p> <p>A full review of all windows in the centre was undertaken on the day of the inspection on</p>	

14th of June 2023. A daily walk around window check is carried out by a designated staff member. This person then reports directly to the person in charge. This practice is ongoing.

The centre has provided extra designated storage for equipment and this area is now in operation since the 26th June, 2023 Complete

A review was undertaken by the maintenance person on all communal toilets seats and the toilet seat identified in this report was replaced. Completed on June 14th 2023.

A small hand wash sink on the first floor corridor was unblocked & rectified on the day of the inspection 14th June, 2023 completed.

The extract vent as identified was cleaned by the housekeeping team on the 15th of June 2023. Going forward the cleaning of vents throughout the centre will be included on the cleaning schedule. To compliment and strengthen our household team, a new facility manager has commenced employment in the household department. Completed on 15th June, 2023.

An unclean drain in an en suite was found to be unclean.
This was addressed on the day of the inspection. Completed.

The housekeeping sink identified as being unclean on the day of inspection was cleaned immediately. Ongoing IPC audits will monitor and identify areas of improvements required. Completed on the 14th June, 2023.

A full review of the water storage tanks was undertaken by a qualified person as part of this review a water sample was taken. Going forward the water in the storage tanks will be tested on a 6 monthly basis to provide quality assurance. In addition, it has been identified that the feed from the outlet side will be moved to the back of the tanks to avoid stagnant water. This will be completed by a qualified person by the 30th of September, 2023.

Regulation 28: Fire precautions	Not Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:
The smoke detector in the clinical room as identified on the day of inspection as missing was put in place on 14th June, 2023 to comply with the regulation 28. A remote indicator light will be put in place.

A full review of all fire doors closing force was undertaken by a qualified person and any deficits on door force closure were adjusted. Completed on the 19th June, 2023.

A review of the two large vacuous storage areas as identified by the inspector was

carried out. There are no high risk items or materials stored openly in these areas. Smoke detection, emergency lighting and fire fighting equipment is provided. There is a defined luminous escape path route on this level. The boiler room is housed within a 60 minute fire rated construction albeit, some additional fire sealant works are required on one wall at pipe work penetration and where the boiler room meets the roof. There are a number of other areas where fire stopping is required to ensure adequate containment of fire in this attic area. To be completed by 16th of November, 2023.

On the day of the inspection the structural steel for the roof was exposed and visible. The provider has engaged with the center's fire engineer around the exposed structural steel on the third floor attic area. While we wait full confirmation, preliminary advice indicates that this steel does not require fire protection. To be completed by 30th of November, 2023

The smoking area call bell system was not working on the day of the inspection. This was reviewed by the maintenance person on the day. The call bell was found dislodged from the wall and this was rectified immediately. Going forward a daily check was introduced and will be maintained by a maintenance person. Completed on the 14th of June, 2023.

An electrical socket in the sluice room was found to be in close proximity to the hand wash sink and was deemed a potential risk of water ingress to the electrical sockets. A review of the risk was undertaken by a qualified electrician. The electrical socket identified in this report was decommissioned on the 15th June, 2023.

The timber shelving surrounding the radiator in the linen room was reviewed by a qualified person. It was deemed appropriate to decommission the radiator in this area. Completed on the 15th of June 2023.

Assurances

Assurances were required regarding the center's containment of fire in the hair salon and the escape corridor. This was as a result of a void between the ground floor level and the first floor. In addition, a further review on fire containment was required for the entire building, in particular to where the cavities are formed between the ceiling and the structural floor above.

A full review was undertaken by a competent person i.e, by a fire engineer. All voids were assessed by the fire engineer and the program of fire stopping and fire containment will be carried out and completed by the 30th of November, 2023.

Assurances was required regarding the construction of the walls around the boiler house and electrical room on the third floor.

The joints of the plasterboard were taped and sealed to ensure fire containment within these areas. Completed on 12th July, 2023.

Further assurances was required on containment of fire, where walls at third floor level

met the insulated roof cladding, in particular the boiler room. This will be included in the fire works program. To be completed by 30th November, 2023.

The wall between the laundry on the store on the 3rd floor visibly moved and may not be an effective barrier to fire spread.

A review of this area was undertaken and as a result a steel frame stud structure & double slabbing with rock wool was put in place on July 3rd 2023.

There was a panel in the wall of the store beside the sensory room which was not adequately fire rated.

This area was reviewed by a competent person and following the review the area was double slabbed. Complete 12th September, 2023.

Assurances was required in containment of fire in the electrical room on the first floor. This area highlighted in this inspection is included in the fire containment program. This program of works will also include service penetrations through fire resisting construction. To be completed by the 30th November 2023.

A review of the center's emergency lighting was undertaken. The centre has emergency lighting in place to include the exterior perimeter which facilitate evacuation in hours of darkness. A Lux level testing has been carried out indoors and confirms results well above the standard. A lux level testing of night time hours of the outside perimeter is being scheduled to be completed on 30th of November, 2023.

Additional detection was required in the corridor recess accessing bedrooms 28 & 29. A full review was undertaken by a competent person on all recess areas accessing bedrooms. As a result of this review these access areas will be reduced in height with installation of rock wool and double slabbing applied as per recommendations to mitigate the ceiling level differences and prevent smoke logging. Completed 13 September, 2023.

The center's floor plans on display did not show the correct layout.

All floor plans and zone plans are being updated to ensure the as-built matches the plans following minor repurposing of rooms. To be completed on the 30th November 2023.

On the day of the inspection there were six staff that had not undertaken their fire training. All staff on day of the inspection had completed fire safety theory online. All new staff as part of induction had undertaken this on line training. The six staff identified by the inspector have since completed their practical training within the centre. Completed on 12th of July, 2023.

Further purchasing of evacuation chairs was required in the centre. While there was one in place, a further two was required.

Two additional evacuation chairs have been purchased by the provider and has been in place since 21st of June, 2023.

The provider had adopted a simple system of colour coded tags outside of the bedrooms to alert staff during evacuation of the dependency of the residents.

A number were missing on the day of the inspection. This was reviewed on the day of the inspection and all bedrooms now have the relevant coded tags in line with their

assessed evacuation needs- Complete 14th of July, 2023.

On the day of the inspection while Ski sheets were fitted some were not fitted correctly. This was actioned on the day of the inspection as a result the correct fitting of ski sheets has now been included on our daily equipment checks to ensure compliance with the regulations.

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 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	30/11/2023
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	30/11/2023
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment,	Not Compliant	Orange	30/11/2023

	suitable building services, and suitable bedding and furnishings.			
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	30/11/2023
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.	Substantially Compliant	Yellow	30/11/2023
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	30/11/2023
Regulation 28(2)(ii)	The registered provider shall make adequate arrangements for	Substantially Compliant	Yellow	30/11/2023

	giving warning of fires.			
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Substantially Compliant	Yellow	30/11/2023