

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:	07 May 2026
Centre ID:	OSV-0007180
Fieldwork ID:	MON-0047979

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 three floors of the facility and accommodates 90 residents. It is a newly built facility opened in September 2019. Accommodation comprises single rooms and 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:	84
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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 7 May 2026	08:45hrs to 16:45hrs	Mary Veale	Lead
Thursday 7 May 2026	08:45hrs to 16:45hrs	Bernadette McDonald	Support

What residents told us and what inspectors observed

The overall feedback from residents who spoke with the inspectors was that they were very happy and liked living in Fennor Hill Care Facility. Residents were highly complementary of the centre, the staff, the quality of the care and activities provided. During the day, the inspectors met with many of the 84 residents living in the centre and spoke to 12 residents and two visitors in more detail. The inspectors spent time observing daily life in the centre to gain an insight into the lived experience of residents in Fennor Hill Care Facility. Residents praised the staff and management team and one resident stated that "the staff are so nice and kind", with another resident said that "the staff are always smiling".

Fennor Hill Care Facility is a four-storey designated centre, registered to provide care for 90 residents on the outskirts of the village of Urlingford in Co. Kilkenny. The design and layout of the premises met the individual and communal needs of the residents'. The building was well-lit, warm and adequately ventilated throughout. The centre was homely, tidy and clean. There was a choice of communal spaces which were seen to be used thought out the day by residents. For example; the ground floor contained a large dining and sitting room, and a resource room. There were sitting rooms, dining rooms and a separate small communal room on the first and second floors. Communal spaces were spacious, comfortable and decorated tastefully. The reception foyer had a rest area with comfortable sitting and a large feature fire place.

Bedroom accommodation in the centre was over three floors and comprised of 78 single rooms and six twin rooms. All rooms had en-suite facilities with a shower, toilet and wash hand basin. Residents' bedrooms were clean, suitably styled with adequate space to store personal belongings. Residents were encouraged to decorate their bedrooms with personal items of significance, such as ornaments and photographs.

Residents' had access to enclosed garden areas to the rear of the building which were easily accessible. The garden area was attractive and well-maintained with a patio area and level paving. There was a canopy covered designated smoking area for residents within this garden space.

There was a calm and welcoming atmosphere in the centre. Residents were seen to be moving freely and unrestricted throughout the centre on the day of inspection. All interactions observed were person-centred and courteous. Staff were responsive and attentive without any delays with attending to residents' requests and needs. Residents said that they felt safe, and that they could speak with staff if they had any concerns or worries. There were a number of residents who were not able to give their views of the centre. However, these residents were observed to be mostly content and comfortable in their surroundings.

As the inspectors walked through the centre, residents were observed to be content as they went about their daily lives. The inspectors spent time observing staff and residents' interaction. Residents sat together in the communal rooms chatting, listening to music, or simply relaxing. Other residents were observed sitting quietly, observing their surroundings. Residents were relaxed and familiar with one another and their environment, and were observed to be socially engaged with each other and staff. A small number of residents were observed enjoying quiet time in their bedrooms. It was evident that residents' choices and preferences in their daily routines were respected.

Residents were complimentary of the home-cooked food and the dining experience in the centre. Residents' enjoyed homemade meals and stated that there was always a choice of meals, and the quality of food was excellent. The daily menu was displayed on the tables in the dining rooms. There was a choice of two options available for the main meal. Jugs of water and cordial were available for residents. The inspectors observed snacks been offered to residents outside of meal times.

The centre provided a laundry service for residents. All residents' whom the inspectors spoke with on the day of inspection were happy with the laundry service.

Residents' spoken with said they were very happy with the activities programme in the centre and some preferred their own company but were not bored as they had access to newspapers, books, radios, the internet and televisions. The activities programme was displayed throughout the centre. The inspectors observed residents participating in an exercise session in the morning and bingo in the afternoon. Residents' views and opinions were sought through resident meetings and satisfaction surveys and they felt they could approach any member of staff if they had any issue or problem to be solved. Residents had access to advocacy services.

Friends and families were facilitated to visit residents, and the inspectors observed many visitors in the centre throughout the day. Visitors who spoke with the inspectors were happy with the care and support their relatives received.

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

Capacity and capability

Inspectors found that the provider had effective governance and management arrangements in place, which ensured residents received a good quality of care and support from a staff team who knew them well. The provider had completed a compliance plan submitted following an inspection of the centre in March 2025.

Fennor Hill Care Facility Ltd is the registered provider for Fennor Hill Care Facility. The designated centre forms part of a wider organisational structure which operates a number of other designated centres throughout Ireland under different provider entities. The company had three directors, one of whom was involved in the day to day operations of the centre. The person in charge worked full time in the centre and was supported by a director of nursing, an assistant director of nursing, clinical nurse managers, a team of nurses and healthcare assistants, activities co-ordinators, housekeeping, catering, administration and maintenance staff. The management structure within the centre was clear and staff were aware of their roles and responsibilities. The person in charge was supported by a regional operations manager. The person in charge was also supported by regional supports team including human resources.

The staffing and skill mix on the day of inspection was appropriate to meet the care needs of residents. Residents were seen to be receiving support in a timely manner, such as providing assistance at meal times and responding to requests for support.

There was a schedule of training in the centre. There was an extensive programme of mandatory training which was available to all staff in the centre and training was up-to-date. There was a high level of staff attendance at training in areas such as the management of behaviours that are challenging, safeguarding, fire safety, manual handling, and infection prevention and control. Staff with whom the inspectors spoke with, were knowledgeable regarding safeguarding procedures.

Records maintained in the centre were in electronic and paper format. Records and documentation were well-presented, organised and supported effective care and management systems in the centre. Staff files reviewed contained all the requirements under Schedule 2 of the regulations. Garda vetting disclosures in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 were available for each member of staff.

Inspectors reviewed records of governance meetings, and staff meetings which had taken place since the previous inspection. Governance meetings took place monthly and staff meetings took place quarterly in the centre. The person in charge tracked and monitored Key performance indicators (KPI's) such as weights, wounds and infections on a monthly basis. Audits of falls, care planning, night-time observation, and infection prevention control had been completed since the previous inspection. An annual review for 2025 was available during the inspection. It set out the improvements completed in 2025 and improvement plans for 2026.

Regulation 15: Staffing

On the inspection day, staffing levels were found to be sufficient to meet the needs of the residents. There was a minimum of three registered nurse on duty at all times.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training appropriate to their role. Staff had completed training in fire safety, safe guarding, managing behaviours that are challenging and, infection prevention and control. There was an ongoing schedule of training in place to ensure that all staff had relevant and up-to-date training to enable them to perform their respective roles. Staff were appropriately supervised and supported.

Judgment: Compliant

Regulation 21: Records

All records as set out in Schedules 2, 3 & 4 were available to the inspectors. Retention periods were in line with the centres' policy and records were stored in a safe and accessible manner.

Judgment: Compliant

Regulation 23: Governance and management

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

Judgment: Compliant

Quality and safety

Inspectors found that residents were supported and encouraged to have a good quality of life and there was evidence of individual residents' needs being met. Inspectors noted that action had been taken to complete repairs to the damaged

door to one of the stairwells, as committed to by the provider following the last inspection.

Inspectors did not review Regulation 28: Fire precautions on this inspection, however inspectors followed up the compliance plan following the previous inspection and noted that repairs were completed to the damaged door to one of the stairwells.

Care planning documentation was available for each resident in the centre. An assessment of each resident's health and social care needs was completed on admission and ensured that resident's individual care and support needs were being identified and could be met. Residents' needs were comprehensively assessed using validated assessment tools at regular intervals and when changes were noted to a resident's condition.

Residents' medical and health needs were met through a broad range of community-based health and social care services, for example; General Practitioner (GP), speech and language therapy, dietetics, mobile x-ray and tissue viability nursing. Recommendations from specialist services and health and social care professionals were incorporated into residents' care plans.

The overall premises were designed and laid out to meet the needs of the residents. Bedrooms were personalised and residents had ample space for their belongings. Overall, the general environment including residents' bedrooms, communal areas and toilets appeared visibly clean and well maintained.

There was good adherence to the prevention and control of infection arrangements. For example, waste, used laundry and linen was segregated in line with national guidelines. Alcohol hand gel was available in all communal rooms and corridors. There was evidence that infection prevention control (IPC) was an agenda item on the minutes of the centres management and staff meetings. IPC audits were carried out by the director of nursing and actions required were discussed and allocated at the centres management meetings. There was an up-to-date IPC policies which included guidance on COVID-19 and multi-drug resistant organism (MDRO) infections. Housekeeping staff were knowledgeable of correct cleaning and infection control procedures. Intensive cleaning schedules had been incorporated into the regular cleaning programme in the centre.

There were arrangements in place to safeguard residents from abuse. All staff spoken with were clear about their role in protecting residents from abuse and of the procedures for reporting concerns. The registered provider was not a pension-agent for any resident.

A choice of home-cooked meals and snacks were offered to all residents. A daily menu was displayed and available for residents' outside both dining rooms. Menus were varied and had been reviewed by a dietician for nutritional content to ensure suitability. Residents on modified diets received the correct consistency meals and drinks, and were supervised and assisted where required to ensure their safety and nutritional needs were met. Meal times varied according to the needs and preferences of the residents. The dining experience was relaxed. There were

adequate staff to provide assistance and to ensure residents safety and nutritional needs were met. Residents' weights were routinely monitored.

Inspectors reviewed residents' records and saw that where the resident was temporarily absent from a designated centre, relevant information about the resident was provided to the receiving designated centre or hospital. Upon residents' return to the designated centre, the staff ensured that all relevant information was obtained from the discharge service, hospital and health and social care professionals.

There was a rights based approach to care in this centre. Residents' rights, and choices were respected. Resident feedback was sought in areas such as activities, meals and mealtimes and care provision. Records showed that items raised at resident meetings were addressed by the management team. Information regarding advocacy services was displayed in the centre and records demonstrated that this service was made available to residents if needed. Residents has access to daily national newspapers, weekly local newspapers, Internet services, books, televisions, and radio's. Mass took place in the centre monthly. Residents had access to a oratory room in the centre.

Regulation 17: Premises

The premises was appropriate to the needs of the residents and promoted their privacy and comfort.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents were offered a varied nutritious diet. The quality and presentation of the meals were of a high standard. Some residents required special diets or modified consistency diets and these needs were provided as recommended. The daily menu was displayed and choice was available at every meal.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

A review of documentation found that when residents were transferred to hospital from the designated centre, relevant information was provided to the receiving hospital. Upon residents' return to the designated centre, staff ensured that all

relevant clinical information was obtained from the discharging service or hospital. Records of transfer documents were stored electronically.

Judgment: Compliant

Regulation 26: Risk management

There was good oversight of risk in the centre. Arrangements were in place to guide staff on the identification and management of risks. The centre's had a risk management policy which contained appropriate guidance on identification and management of risks.

Judgment: Compliant

Regulation 27: Infection control

The centre was very clean and there was adequate cleaning staff employed. Staff were observed to be adhering to good hand hygiene techniques. There were sluicing facility on the premises which were clean and well maintained. There were sufficient cleaning staff on duty daily. Staff members were knowledgeable about cleaning practices, processes and chemical use. Hand-washing facilities were available for staff.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Based on a sample of care plans viewed appropriate interventions were in place for residents' assessed needs. Care plan reviews were comprehensively completed on a four-monthly basis to ensure care was appropriate to the resident's changing needs.

Judgment: Compliant

Regulation 6: Health care

There were good standards of evidence-based healthcare provided in this centre. GP's routinely attended the centre and were available to residents. Allied health professionals also supported the residents on site where possible and remotely when

appropriate, for example the dietitian, and physiotherapist. There was evidence of ongoing referral and review by allied health professional as appropriate.

Judgment: Compliant

Regulation 8: Protection

There were systems in place to safeguard residents and protect them from the risk of abuse. Safeguarding training was up-to-date for all staff and a safeguarding policy provided staff with support and guidance in recognising and responding to allegations of abuse. Residents reported that they felt safe living in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider had ensured that residents had adequate facilities and opportunities to engage in activities, communicate freely and exercise their rights. Residents were consulted about and participated in the organisation of the centre.

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 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

