



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
Address of centre:	Cashel Road, Urlingford, Kilkenny
Type of inspection:	Unannounced
Date of inspection:	15 September 2020
Centre ID:	OSV-0007180
Fieldwork ID:	MON-0030348

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, and accommodation comprises 48 single rooms and 4 twin rooms, all of which have spacious ensuite bathrooms. Each ensuite bathroom consists of 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:	45
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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
Tuesday 15 September 2020	10:15hrs to 17:45hrs	Caroline Connelly	Lead
Wednesday 16 September 2020	10:20hrs to 17:10hrs	Caroline Connelly	Lead
Wednesday 16 September 2020	10:20hrs to 17:10hrs	Mary O'Mahony	Support
Tuesday 15 September 2020	10:15hrs to 17:45hrs	Mary O'Mahony	Support

What residents told us and what inspectors observed

The overall feedback from residents and relatives was that this was a nice place to live and that staff promoted a person-centred approach to care and were found to be very kind and caring. The inspectors spoke with a large number of the residents present on the day of the inspection and met six visitors during the inspection who were visiting their relatives.

The inspectors saw that the centre was a modern well maintained building which was decorated to a high specification with a lovely entrance foyer adorned by a large chandelier. This foyer contained couches and a decorative fire for residents to relax in. Day and dining rooms opened off the foyer where residents were observed to be relaxing in various groups. One of the areas contained a football table which was popular with the male residents. One of the gentlemen told the inspector that the centre were going to have a men's shed area developed upstairs with a snooker table, darts board and an area where men could do activities, work and enjoy games together. There was an activities programme in place and residents were aware of the day's programme to enable them choose whether to attend or not. There was a staff member allocated to the role of activity co-ordinator. The inspector saw a very lively fun filled sing song session taking place on the afternoon of the inspection in the garden. Pints of non-alcoholic beer was served along with glasses of non-alcoholic wine for the ladies. Followed by ice cream for all that wanted them. All that attended said they loved to go outside and enjoyed the fun with the staff and fellow residents. Residents told the inspector that the activities were really important to them and they had really kept them going during the period of no visitors and when they were not seeing family members. At the start of the pandemic the person in charge explained that due to the COVID-19 pandemic some of the residents had cocooned in their bedrooms but they missed their fellow residents and had come back out to the day rooms and group activities abiding by social distancing. Some residents said they were grateful for mobile phones, Skype and technology which they said helped them stay in contact with their families. Residents reported that their views were listened to and records of residents meetings showed that any issues or suggestions made by the residents were acted upon.

The inspectors noted that many of the resident's bedrooms were personalised with soft furnishings, ornaments and family photographs. Residents in the centre stated that they enjoyed living in the centre. Staff were kind and attentive and the food was varied and served nicely. Activities were meaningful and there was always something happening. Residents said that they missed their relatives during the COVID-lockdown and they said that staff and community had been very supportive at that time. Outdoor concerts had been provided and local people had sent in food, treats, cards and well wishes to them. Visiting arrangements had been relaxed in recent months and residents were delighted by that. A number of relatives were spoken with and they supported the good remarks made by the residents. Advocacy services were availed of and residents said they felt safe in the centre. Resident felt

that their complaints or concerns would be addressed and they enjoyed the resident council meetings. They had been informed of the importance of hand washing because of COVID-19 and they were understanding of why staff and their relatives had to wear masks. Residents were happy to be cared for in their local area, often by people that they knew from their lives in the community. Two residents celebrated their birthdays during the inspection the chef baked celebration cakes for the occasions. Family members were seen to deliver flowers to the residents also.

Overall residents and relatives spoken to were very complimentary about the staff. They said they were very grateful to the staff who had worked so hard during the pandemic who kept their spirits up. One resident described the staff as "the finest" you can discuss anything with them and they will do everything to help you.

Residents had access to telephones, IT communications and newspapers and enjoyed religious services via the television.

Capacity and capability

There had been improvements in the overall governance and management of the centre since the previous inspection and a number of systems had been put in place to ensure that the service provided is safe, appropriate, effective and consistently monitored. These systems were in the early stages of implementation and required ongoing development and review.

The Inspector acknowledged that residents and staff living and working in centre has been through a challenging time and they have been successful to date in keeping the residents COVID -19 free. One staff member had tested positive in the serial testing but has recovered. The inspectors saw that there was evidence of good levels of preparedness available should an outbreak of COVID-19 take place in the centre. The management team had established links with the public health team and HSE lead for their area. There was a clear and comprehensive COVID-19 emergency plan and policy in place and the management team had a clear list of the relevant persons to contact and a number for them available to the staff team and any deputy as required. The centre had been divided into different areas and a specific isolation area had been established which was used for any suspected cases of the virus and for residents returning from the acute hospital who required 14 days isolation. Cautionary signage was seen and social distancing was put in place throughout the centre. Staff were generally seen to abide by best practice in the sanitising of hands and wearing of PPE. Up to date training had been provided to all staff in infection control, hand hygiene and in donning and doffing of PPE. Regular staff meetings took place to ensure staff were familiar and aware of the

ongoing changes to guidance from public health and the HSE.

This unannounced inspection was triggered by unsolicited information raising concerns about care of residents and poor communication with families. This information was also sent to the Chief Inspector via the notification process from the centre. Inspectors found evidence to support some of the concerns raised which is discussed in the report and actions taken to prevent issues happening again in the future. The inspection also followed up on actions required from the previous inspection.

The centre is owned and operated by Blockstar Buildings Limited who is the registered provider. The company is made up of four directors who are all involved in the operation of other designated centres. One of the directors is the Registered Provider Representative. (RPR). The centre was registered in August 2019 for 57 beds to accommodate residents on the ground floor and first floor. In July 2019 and at a subsequent meeting in November 2019, inspectors expressed concerns about the governance and management of the centre. The centre was inspected in February 2020 and the inspectors found that the provider did not have adequate oversight of the service and there was a lack of systems and processes in place to monitor the safety and quality of the service. Following that inspection the provider agreed to cease taking admissions and work with the person in charge to develop a project plan for the service with agreed timeliness to achieve specific outcomes. The plan was submitted to the Chief Inspector within 10 working days.

There had been two different persons in charge in the centre since it was first registered who have subsequently left the centre and at the time of the inspection the Clinical Nurse Manager (CNM) was acting into the role supported by the (RPR) and a number of consultants until a newly recruited person in charge commences in the role in October 2020. The RPR planned to be in the centre two to three days per week and the nurse consultant who was there during the inspection said she would be working in the centre a minimum of two days per week and up to four days some weeks. Her remit was supervision of staff, provision of education and training and the development of senior staff nurse's managerial and clinical skills to strengthen the governance of the centre. A second consultant took responsibility for all aspects of fire safety, health and safety and risk management. The RPR told the inspectors that this arrangement would continue to support the new person in charge settle into her role. However the RPR had notified HIQA of the absence of the person in charge but the full details and qualifications of the person responsible for the designated centre in the absence of the PIC were not formally submitted to HIQA.

Improvements were seen since the previous inspection and actions required had been actioned and many were completed.

- The provider increased the resources to the centre and the skill mix and numbers of staff on duty was now adequate to meet the needs of residents.

- A training schedule was in place demonstrating that there had been an increase in mandatory training for staff and a more robust system was in place to ensure that staff attended mandatory training and refresher training.
- An ongoing recruitment drive to recruit more experienced staff was in place and a number of staff had been recruited. A programme was in place to develop competencies of staff and senior care staff were appointed to assist with the induction and supervision of new care staff.
- The inspector saw there had been increased supervision of staff and greater clarity of allocation of care to nursing and care staff to ensure the needs of the residents were met.
- The management and analysis of complaints had improved
- Improvements were seen in the management of records
- Improvements were seen in the noise reduction in the garden area
- Improvements were seen in the quality and quantity of activities provided

Overall the inspectors found the management team were responsive to issues as they arose and a number of issues identified on the first day of the inspection were rectified by day two.

Regulation 15: Staffing

Improvements were seen in the staffing levels since the last inspection. Nursing staffing levels have been increased to two nurses during the day and at night. There were six care staff on during the day, two at night with a twilight shift until 22.00 hours. Staffing levels were in keeping with the assessed needs of residents having regard to the size and layout of the service. Recent recruitment campaigns have seen a number of new staff employed in the centre, including experienced nurses and care staff. Residents and relatives were generally very complimentary about staff and the care they provided to the residents.

Residents were allocated a named nurse and named care staff who took individual responsibilities for the residents care and comfort needs. the names of these staff members were displayed in residents bedrooms.

Judgment: Compliant

Regulation 16: Training and staff development

There had been continued improvements in staff training seen since the previous inspection. A comprehensive training matrix was now in place and made available to the inspectors. Staff had received up-to-date training in manual and people handling, in safeguarding of vulnerable adults, fire safety training and training in responsive behaviour. However there continued to be gaps in training for a small number of staff in safeguarding training, fire safety and responsive behaviour training. The inspectors were assured training was ongoing and staff were scheduled to attend. Other training such as infection control, dementia care, medication management, HACCP, care planning and end of life training were also provided.

Increased levels of supervision were in place with registered nurses on duty at all times with increased supervision responsibilities. There was evidence of induction of new staff with probationary reviews taking place. Staff appraisals have been completed for longer employed staff to ensure further staff development and supervision for staff .

Judgment: Substantially compliant

Regulation 21: Records

Records were securely stored, complete and easily accessible: for example:

- a sample of staff files was seen to be in compliance with regulations
- comprehensive pre-admission information was available in residents' files
- the most recent insurance certificate for the centre was available.

Judgment: Compliant

Regulation 23: Governance and management

There have been a number of changes to management roles since the previous inspection and there is a new person in charge due to commence in the centre in the next number of weeks. The CNM was acting into the person in charge role supported by the RPR and two consultants. One of the senior nurses was acting into the CNM role and senior care assistants had been appointed to strengthen the management structure in place. This has assisted with staff supervision and induction of new staff. A comprehensive annual review of the quality and safety of care delivered to residents in the centre for 2019/20 was completed in July 2020, with an action plan for the year ahead. The person in charge was collecting key

performance indicators and ongoing audits demonstrated improvements in the quality and safety of care.

A COVID-19 review was undertaken and a preparedness plan was updated in relation to same. There was a comprehensive audit system in place with a schedule of audits to be completed on a monthly basis with the staff member responsible for completing the audit identified. Inspectors saw that audits were completed on numerous aspects of the service. A comprehensive medication audit was completed by the pharmacy. Although there were action plans outlined following audits the inspectors noted that these were not all followed up, examples of these were issues identified in the medication management audit and in the hand hygiene audit which were not fully actioned. Further auditing of care practices to include daily care and choice around breakfast times was recommended. Improved management systems were in the early stages of implementation and required ongoing development and review.

There was evidence of regular governance and management meetings where all aspects of the service was discussed and actioned and minutes of regular comprehensive staff meetings were seen.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

The inspector found that residents' contracts of care had been signed by the residents and the contracts appeared to be written in a clear, manner that outlined the services and responsibilities of the provider to the resident. They also included the fees to be paid, including any additional charges as required by legislation.

Judgment: Compliant

Regulation 31: Notification of incidents

Notifications had been submitted for all incidents specified in the regulations in a timely manner.

Judgment: Compliant

Regulation 34: Complaints procedure

Comprehensive records were maintained of verbal and written complaints and the outcome was recorded. The complaints process was seen to be displayed in the entrance hall of the centre. The appeals process was outlined in this document as well as the contact details of the ombudsman.

There was one complaint in the process of investigation. Documentation was available to inspectors in relation to this matter.

Complaints were trended and audited by members of the management team. There were suggestion boxes located on each floor which meant that residents or visitors could raise a concern or make a suggestion anonymously, if they wished.

Judgment: Compliant

Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre

HIQA were notified of the absence of the person in charge for 28 days or longer. Arrangements were in place to cover for the absence of the person in charge. The provider assured the inspector of the proposed replacement of the person in charge in the next month however the full details and qualifications of the person responsible for the designated centre in the absence of the PIC were not formally submitted to HIQA.

Judgment: Substantially compliant

Quality and safety

Overall, despite the COVID-19 restrictions residents were supported and encouraged to have a good quality of life which was respectful of their wishes and choices. The centre ensured that the rights and diversity of residents were respected and promoted. There was evidence of good consultation with residents. Formal residents' meetings were facilitated and resident's religious preferences were ascertained and facilitated. Residents' needs were being met through good access to healthcare services and opportunities for social engagement. Some improvements were required with medication management, care planning, healthcare provision and infection control,

The quality of residents' lives was enhanced by the design and layout of the centre and opportunities for social engagement during the day. The premises enabled

residents to spend time in private and communal areas of the centre. There was open access to the garden from the sitting room. Improvements were seen with the building of a perimeter wall to assist minimise the noise from traffic on the main road which was adjacent to the garden area.

Overall, there appeared to be a warm and friendly atmosphere between residents and staff. Staff were seen to be supportive, positive and respectful in their interactions with residents. In addition, the activities programme had been improved and designed in response to activity assessments and ongoing feedback from residents. The provider used different ways to get feedback about the quality of the service, and included questionnaires about the service being provided. It all including feedback on residents experience during the COVID-19 restrictions and feedback from the regular residents meetings. Inspectors saw that residents appeared well groomed and well cared for. Residents and relatives generally gave positive feedback regarding all aspects of life in the centre.

There was evidence that residents had access to medical and other allied healthcare professionals including, speech and language therapy, dietician, chiropody and ophthalmology services. Residents and relatives expressed satisfaction with the medical care provided and inspectors were satisfied that residents' healthcare needs were generally well met but some improvements were identified with recording of allied health information as well as subsequent improvements required in care planning. Although there had been improvements in medication management since the previous inspection, inspectors found that medication management required further improvement particularly in relation to transcription practices and the management of medications that required special control measures.

There was a good menu choice available and residents were very complimentary about the food, the choice and the service. Mealtimes were seen to be social occasions with the majority of the residents attending the dining room for their meals.

Measures were in place to protect residents from being harmed or suffering abuse. Staff had completed training in adult protection and demonstrated their knowledge of protecting residents in their care and the actions to be taken if there were suspicions of abuse. There was an up-to-date adult protection policy in place. Systems were in place to promote safety and effectively manage risks. Policies and procedures were in place for health and safety, risk management and fire safety. There were contingency plans in the event of an emergency or the centre having to be evacuated. Regular reviews of health and safety issues were carried out to ensure that a safe environment was provided for residents, staff and visitors. However the inappropriate storage of large oxygen cylinders in the centre was a high risk that were subsequently removed. Systems were in place and effective for the maintenance of the fire detection and alarm system and emergency lighting. Residents all had Personal Emergency Evacuation Plans (PEEPs) in place and these were updated regularly.

There was good general oversight of infection prevention and control measures. Protocols were in place in line with HPSC guidance to ensure the ongoing safety of

residents and staff. Procedures were in place to facilitate isolation of residents should the need arise. There were hand sanitizer dispensers in all bedrooms and corridors, clinical waste bins and PPE was available throughout the centre. Some improvements were required in the appropriate storage and maintenance of equipment to prevent cross contamination.

Regulation 11: Visits

A policy of restricted visiting was in place to protect residents, staff and visitors from risk of contracting COVID-19 infection. Visitors booked in advance and mainly visited Monday to Friday. Staff told the inspectors that visits were also facilitated at the weekend which provided flexibility for people who worked during the day to visit at the weekends. Visiting controls included symptom checking and a visitor health risk assessment before the visit, hand hygiene, maintaining social distancing, cleaning of the visiting room or area following the visit. Staff were also committed to ensuring residents and their families remained in contact by means of Skype, WhatsApp and other video and telephone calls.

The inspector saw that compassionate visits were facilitated at any time.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the centre was modern and bright. Accommodation included large communal living and dining spaces. All bedrooms had full en suite facilities with an accessible toilet and shower. There were 19 spacious, single bedrooms and two twin bedrooms on the ground floor. The first floor had two twin rooms and 29 single rooms. There was lift access and three stairwells to all floors.

The centre provided bright communal space on both floors including day and dining rooms, an oratory/activity/multifunction room and a quiet room on both floors. There was easy unrestricted access to the enclosed gardens to the back of the centre from the day/dining room. Improvements were seen here in the provision of a full wall that ran the full length of the building providing a more secure fully enclosed garden area. The wall also helped contain some of the noise from the passing traffic. Decorative hedging was planted inside the wall to give a more decorative view. The enclosed gardens included raised planter flower beds and

walkways for residents enjoyment.

Overall the centre was decorated to a high specification with a lovely entrance foyer adorned by a large chandelier. This contained couches and a decorative fire for residents to relax in. Ongoing improvements with the premises were evident including a plan to develop a mens shed/ activity room on the top floor of the building.

Judgment: Compliant

Regulation 26: Risk management

There was a risk register in the centre which covered a range of risks and appropriate controls for these risks. The risk management policy met the requirements of the regulations and addressed specific issues such as absconsion and the prevention of abuse.

An audit had been completed in relation to health and safety management in the home. Actions which were identified had been completed. The health and safety statement had been reviewed and the emergency plan was up to date. A maintenance book was used to identify any hazard and these issues were addressed by maintenance staff who attended the centre daily. This meant that issues were addressed without delay and the upkeep of the centre was an ongoing project.

Nevertheless, inspectors were not assured during the inspection that all risks had been addressed and adequately controlled:

- the risk of a resident smoking in the bedroom, on a couple of occasions
- lack of an enclosed area for residents to smoke in.
- the correct identification of the level of risk presented by the repeated attempts at absconsion by one resident.

Judgment: Substantially compliant

Regulation 27: Infection control

Infection control policies and procedures had been augmented since the COVID-19 pandemic crisis to take into account the highly contagious nature of the virus. A member of the Health Services Executive (HSE) team had contacted the centre on a regular basis during the COVID-19 lockdown. Management staff stated that this contact and advice enabled the centre to establish a supply of personal protective equipment (PPE), to update infection control guidelines and to verify that best practice was being employed when cleaning the centre.

Staff had been re-trained in correct hand washing technique, donning and doffing PPE and physical distancing. Staff spoken with were found to be knowledgeable of correct practice and they were all wearing masks and hand washing appropriately on the day of inspection. There was a good supply of hand sanitiser in the centre with dispensers available both inside and outside each room. There was a hand-wash sink located in each hallway which meant that hand washing opportunities were readily accessible.

The HSE and the health protection and surveillance centre (HPSC) guidelines were accessible to staff and the guidelines were seen to be followed in practice.

The centre was seen to be visible clean and there were colour-coded cloths in use for floor washing. Daily checklists were completed. The cleaning process included a rota for deep cleaning of individual bedrooms. The current 'COVID-19 era' process for cleaning a room on discharge of a resident was clearly set out and evidence of effective staff communication was evident in the minutes of staff meetings.

Residents were isolated on admission for a period of two weeks, as set out in the aforementioned guidelines.

Notwithstanding the good practice there were some issues to be addressed to prevent cross infection:

- in the isolation section of the centre the soiled laundry trolley had no covering
- residents were not allocated individual hoist slings
- a wheelchair was stored in a sluice room, a commode and walking aids were seen to be stored in en suite shower rooms.
- the brooms and dustpans were not all stored appropriately and were seen to be visible dirty.

A number of the above findings were addressed immediately, when highlighted to the management team.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Adequate arrangements had been made for maintaining and servicing of all fire equipment, including the centre's L1 fire alarm system, the fire panel, emergency lighting and fire extinguishers. Records of daily, weekly and quarterly servicing records were complete up to date.

The inspector noted many good practices in relation to fire precautions and escape routes and exits were noted to be free of obstruction. All bedroom doors were fitted with automatic self-closing devices. Ski Sheets were available and evacu chairs. An external consultant was working with the staff providing fire induction and ongoing training. Staff who spoke with the inspectors confirmed that they had attended fire

drills and they were familiar with fire safety procedures and the evacuation plan for each resident. Each resident had a detailed personal evacuation plan on file and in their room.

The fire alarm was activated weekly and simulated fire drills were held very regularly. The inspectors reviewed the fire drill records and found that the drills included the simulated evacuation of the largest compartment with night time staffing levels. The drill report provided assurance that residents in the largest compartment could be safely evacuated with night duty staffing levels in a very timely manner. The servicing records for fire safety lighting and equipment was seen to be up to date.

There was an area in the garden where residents smoked which had a fire blanket and extinguisher in very close proximity. This area was open and worked well in fine weather. Resident's who smoked had risk assessments completed and a smoking apron and metal ashtray was provided. As this area was exposed to the elements the RPR discussed her plans to put a smoking shelter in the garden for the winter, this will include all the aforementioned controls and include a nurse call bell and will be very visible from the centre.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Medicines were generally well managed and subject to audit. Improvements were seen since the previous inspection and the new pharmacy was very attentive and had completed a very comprehensive audit of medicine practices and medicine management in the centre. Allergies were recorded and the doctors had prescribed when any resident's medicine was to be crushed. Staff nurses signed when they administered medicine to residents. Since the previous inspection new medicine trolleys had been sourced. There was now a trolley located on each floor which nurses said was safer and more efficient when administering medicine and checking the stock on each floor. Medicine trolleys were secure, the medicine fridge was locked and there were ordering systems in place.

However, the inspector found the staff were not adhering to a number of the guidelines for nurses on medication management set out by An Bord Altranais as follows:

- a number of eye drops no longer in use were still kept on the medicine trolley. Best practice and regulation require that medicines no longer in use were stored separately from the medicines in use and returned to pharmacy. This was to prevent a potential error in administration.
- not all eye drops had the date of opening on them, which was significant as a number of these medical products were to be disposed off within a month of

opening.

- an ointment was in use which had not been prescribed
- one item of medicine had no label attached to enable staff to identify which resident it was prescribed for: as required in the aforementioned guidelines i.e. identify the correct resident before administration of the medicine.
- the transcribing policy had not been followed for two medicines of the sample reviewed
- the management of controlled drugs required review by the pharmacy as the count of stored drugs was not accurate. This was referred to the pharmacist by staff, for review and correction.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Care plans were completed on an electronic system. There were generally informative and were commenced following the admission of each resident. Improvements were seen since the previous inspection in the overall care planning and staff had received care planning training.

They were seen to have been updated within the four-month regulatory time frame and a number of validated clinical assessment tools were seen to underpin care plans and clinical decisions.

However improvements were required as follows:

- while care plans for end of life decision-making were in place for a number of residents they were not accessible within the individual care plans and were stored in a separate folder. In addition the information seen in a sample of care plans lacked clarity in relation to end of life decisions and there was no reference to the aforementioned folder
- food and fluid balance charts were maintained for a number of residents. However these were not completed daily. Additionally, intake and output were not consistently recorded in the sample of records seen
- it was not possible to establish from the care plan or notes the last date on which one resident had a shower
- care plans, which had been developed while a resident was in "isolation" following admission, had not been updated when the resident was moved to the general unit. This was important for any resident with dementia whose behaviour might have escalated during the isolation period and now required a new care plan review
- one care plan referred the reader to a document called "it's all about me". However, inspectors found that the document referred to was blank. This was a significant document as it aimed to record personal and relevant information on matters which were important to each individual, such as, life

story information as well as resident's likes and dislikes. This information was then used to inform person-centred care planning.

Judgment: Not compliant

Regulation 6: Health care

Staff said that medical personnel were attentive to residents and responded to their health care needs.

The pharmacist was very supportive, providing training to staff and carrying out meaningful audit and follow-up on the audit actions.

Nevertheless, the inspectors found that documentation was not available in a number of residents' files to support visits from allied health care professionals, for example;

- there was no input noted from the dietitian for one resident with dietary needs. This was important particularly in relation to one resident who had a very low body mass index (BMI) where a dietitian review had not been documented.
- in a number of files nursing staff were seen to be recording the directions from other professionals, such as the general practitioner (GP) in the medical notes, and from the chiropodist in the daily nursing narrative notes
- inspectors found that a tissue viability nurse (TVN) had provided a telephone review of a pressure sore, based on information and on photographs. However, while new advice and guidelines had been received one week prior to the inspection, the care plan had not been updated with the new guidelines for dressing the wound. This was significant in order to promote optimal wound healing for the resident.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

Some residents had responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Resident had access to psychiatry of later life services and staff were seen to interact in a person-centred way with the residents. However, the physical environment where these residents were confined to the first floor was not optimal for providing person-centred support to these residents. The RPR was aware of this and had employed a second activity staff to work on this floor to support residents. There was a plan to work with residents in the evening

particularly as this was the time when residents became more restless and required distraction and social stimulation.

Improvements were seen in assessment and care planning for residents exhibiting responsive behaviours. There was evidence that residents who presented with responsive behaviours were responded to in a dignified and person-centred way by the staff using effective de-escalation methods. This was reflected in responsive behaviour care plans. Training had been provided to a number staff on responsive behaviours and the external consultant assured the inspectors that this training is ongoing and will be provided to all staff.

There were 10 residents using bedrails as a form of restraint at the time of the inspection. There was evidence that when restraint was used there was an assessment to ensure it was used for the minimal time and as a least restrictive method. The inspectors found this was a high percentage of bedrail use and encouraged the centre to review the use of restraint to further reduce its use and aim towards a restraint free environment.

Judgment: Compliant

Regulation 8: Protection

Overall, there was evidence that residents were protected and suitably safeguarded in the centre. All staff who spoke with the inspectors were knowledgeable of what constituted abuse and of steps to take in the event of an incident, suspicion or allegation of abuse. Training records confirmed that most staff had received training in relation to responding to incidents, suspicions or allegations of abuse. There were organisational policies in place in relation to the prevention, detection, reporting and investigating allegations or suspicions of abuse.

In relation to financial arrangements, the administrator confirmed that the centre did not manage any pensions on behalf of any resident and robust systems were seen to be in place for the management of invoicing for services and extra services required. Monies handed in for safekeeping were all recorded, stored securely with transactions double signed. A system was being put in place for the countersigning of chiropody and hairdressing to evidence the delivery of same.

Judgment: Compliant

Regulation 9: Residents' rights

Inspectors observed interactions between staff and residents and noted that staff

were courteous and respectful of residents' communication and personal needs. There was evidence that staff knew residents well and visa versa.

There was evidence of residents' rights and choices being upheld and respected. Residents were consulted with on a daily basis by the acting person in charge and staff. Formal residents' meetings were facilitated and there was evidence that relevant issues were discussed and actioned. A comprehensive programme of appropriate activities had continued and there was a second person appointed to the role of activities on a part time basis allocated to the residents on the first floor. The activity schedule was informed by residents' interests and ability and met the needs of the residents. The inspectors saw some lively activities taking place during the inspection as well as one to one and small group activities also.

Contact details for independent advocacy services were available for residents if required.

There are arrangements in place to meet residents' religious and civil rights. Residents voted in the recent election and weekly Mass was due to be celebrated in the communal room on the ground floor on the day of inspection but had to be postponed but residents were delighted to have this service back after the lockdown period.

Residents had access to daily newspapers and radio. The access to broadband had improved since the previous inspection with boosters put in place. Bedrooms contained televisions and since the previous inspection twin bedrooms now had two television to facilitate choice of residents' television viewing.

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	Substantially compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Substantially 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-0030348

Date of inspection: 16/09/2020

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
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>The centre has an ongoing programme of staff training in place. Training in safeguarding, fire safety and responsive behavior is planned within the next six weeks for a small number of remaining staff. Training will be delivered with a blend of online and onsite training and will incorporate the centres policies.</p> <p>Timeframe: 24th November 2020</p>	
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 issues identified in both the medication management and hand hygiene audits will be actioned and followed up. All residents currently can choose the time they wish to have breakfast and this time may vary from day to day. An audit of care practices to include daily care and choice around breakfast will be undertaken by the person in charge. Resident choices are reflected in the residents care plan to ensure they are person centered. In addition feedback will be sought from residents regarding daily care practices and choice around breakfast at the next residents committee meeting. Feedback on these topics will also be included in the next resident/resident family survey.</p>	

Timeframe: 13th December 2020	
Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre:</p> <p>The centre has recruited a person in charge in line with the requirements set out in Regulation 14. The person in charge commenced the role on the 12th October 2020. The person in charge is supported by a clinical nurse manager, registered nurses, healthcare assistants and other ancillary staff. Additional supports are provided to the person in charge by external consultants and the registered provider representative.</p> <p>Timeframe: Completed</p>	
Regulation 26: Risk management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management:</p> <p>Isolation required due to COVID-19 precautions was identified as a substantial contributing factor to the risk of the particular resident smoking in their bedroom. This was also a learning outcome for all staff concerned. The resident has now moved out of isolation to the ground floor where they have access to the designated smoking area. The residents smoking risk assessment has also been reviewed.</p> <p>Provision is being made for an external non combustible enclosed area for residents who smoke. The area will also have a nurse call, appropriate sized fire blanket and portable fire extinguisher in place. The enclosed area will be sited where residents can be observed and supervised.</p> <p>The risk rating of the resident who had a tendency to abscond on a number of occasions has been reviewed. The importance of applying the appropriate risk rating coupled with suitable control measures/interventions has been relayed to all nursing staff.</p> <p>Timeframe: 24th November 2020</p>	

Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>The cover on the soiled line trolley has been replaced. The centre has commenced procuring hoist slings for the purpose of allocating individual hoist slings to residents. Items being stored in the sluice room and ensuites were addressed on the day of the inspection. The importance of storing equipment appropriately to ensure good infection control practices are in place in the centre has been relayed to staff. The issue relating to dustpans and brooms has been addressed. Planned staff meeting will reinforce to all staff the requirement to ensure all equipment is stored appropriately and maintained in a clean condition at all times.</p> <p>Timeframe: 13th December 2020</p>	
Regulation 29: Medicines and pharmaceutical services	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <p>Issues identified with regard to medications no longer in use, opened medicines undated, unprescribed ointment and no label attached to one medicine have been addressed. Nursing staff have been informed of the requirement to fully comply with the guidelines with regard to medication managements as set out by An Bord Altranais at all times. The centres nurse management intends to put a strong focus going forward on the management of medications to ensure compliance. This includes ensuring that the transcribing policy is being followed. Further medication management audits are also planned. Feedback will be provided to staff with regard to compliance at handovers and planned staff meetings.</p> <p>The count of controlled drugs has been reviewed by the pharmacy. Evidence supporting this accompanies this action plan submitted to the Authority on the 15th October 2020.</p> <p>Timeframe:13th December 2020</p>	

Regulation 5: Individual assessment and care plan	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>End of life care plans are accessible within the individual care plan to ensure all relevant and necessary information is captured and available at one source. The nurse management intends to ensure, assist and reinforce to nursing staff that all end of life care plans have the necessary clarity, detail and resident wishes reflected in the care plan.</p> <p>Timeframe:13th December 2020</p> <p>The requirement to maintain food and fluid balance charts daily for residents at all times has been relayed to staff. This includes intake and output to ensure consistency. Audits are planned to ensure practices around fluid and balance charts are being complied with.</p> <p>Timeframe:13th December 2020</p> <p>The resident in question chooses different times to receive personal care daily. On the day of the inspection the resident had received personal care in the afternoon but it was not recorded. This has been rectified. The importance of documenting personal care to reflect care delivered to residents has been highlighted to all staff.</p> <p>Timeframe: 13th December 2020</p> <p>The necessity, importance and prompt updating and/or review of care plans has been relayed to staff. This has been a learning outcome for staff to comply with and embrace in their daily practices going forward. The requirement to review and update a resident's care plan following isolation will form part of nurse meetings.</p> <p>Timeframe:13th December 2020</p> <p>The nurse management intends to ensure and embed into nurse practices that all care plans are person centered and reflect matters important to the resident as well as likes and dislikes. This will be monitored through planned care plan audits.</p> <p>Timeframe: 13th December 2020</p>	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <p>The requirement for allied professionals to document and reflect the necessary detail in the residents care plan will be relayed to the relevant professionals going forward. It will</p>	

also be communicated to nurses so as to ensure compliance with good practice. The practice of documenting direction from other professionals will cease with relevant professional being obliged to document and reflect the care recommended and/or to be provided in the individual resident care plan.

Timeframe: 24th November 2020

The requirement for nursing staff to respond and put the necessary measures in place as recommended by other allied professionals to ensure optimal care will be highlighted and emphasized to nursing staff by nurse management. Closer oversight of recommendations or inputs by other allied professionals will be monitored by nurse management going forward.

Timeframe: 13th December 2020

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	24/11/2020
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	13/12/2020
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.	Substantially Compliant	Yellow	24/11/2020
Regulation 26(1)(b)	The registered provider shall	Substantially Compliant	Yellow	24/11/2020

	ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.			
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	13/12/2020
Regulation 29(4)	The person in charge shall ensure that all medicinal products dispensed or supplied to a resident are stored securely at the centre.	Substantially Compliant		13/12/2020
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	Not Compliant	Orange	13/12/2020

	appropriate use of the product.			
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Not Compliant	Orange	13/11/2020
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.	Substantially Compliant	Yellow	13/12/2020
Regulation 33(1)	Where the registered provider gives notice of the absence of the person in charge from the designated centre under Regulation 32, such notice	Substantially Compliant		15/10/2020

	shall include details of the procedures and arrangements that will be in place for the management of the designated centre during that absence.			
Regulation 33(2)(a)	The notice referred to in paragraph (1) shall specify the arrangements which have been, or were made, for the running of the designated centre during that absence.	Substantially Compliant	Yellow	15/10/2020