



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

Issued by the Chief Inspector

Name of designated centre:	Skibbereen Community Hospital
Name of provider:	Health Service Executive
Address of centre:	Coolnagarrane, Skibbereen, Cork
Type of inspection:	Unannounced
Date of inspection:	26 October 2023
Centre ID:	OSV-0000598
Fieldwork ID:	MON-0033519

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

The original Skibbereen Community Hospital was constructed around 1930, and was originally known as St. Anne's Hospital. More recently it is known as Skibbereen Community Hospital. The centre consists of a single-storey building located on a Health Service Executive (HSE) site. The centre provides long-stay, respite, community support and palliative care to the older population of Skibbereen and the surrounding area. The centre is registered to care for the needs of 40 residents in single, triple and four-bedded accommodation. There is also access to three internal courtyards.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	27
--	----

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 26 October 2023	09:30hrs to 17:30hrs	Robert Hennessy	Lead

What residents told us and what inspectors observed

Overall, the registered provider supported residents to have a good quality of life. This was an unannounced inspection that took place over one day. The feedback from the residents in Skibbreen Community Hospital was that they were happy living there. Residents spoke positively about staff and staff were seen interacting in a respectful and kind manner with the residents. During the inspection all residents spoke with the inspector, with six been spoken with in more detail. Three visitors were also spoken with on the day.

Following an opening meeting with the clinical nurse manager (CNM2) the inspector was given a guided tour of the premises. Skibbreen Community Hospital is a single-storey designated centre laid out over one floor, which is registered for 40 residents. There were 27 residents living in the centre on the day of inspection with 13 vacancies.

Bedroom accommodation in the centre was divided into named units, using names from the local areas around West Cork such as Glandore, Fastnet, Abbey, and Ilen. Bedroom accommodation consists of six four bedded rooms, one triple room and 13 single rooms. The inspector observed that most resident's bedrooms were personalised and they had pictures and memorabilia from home. Accommodation in the four bedded wards required action which will be discussed further in the report.

Overall, the centre was clean and the household staff spoken with on the day of inspection were knowledgeable of their role in infection prevention control. The only laundry that was currently undertaken in the centre was for the household cleaning items. This was in the process of being outsourced and there would be no laundry taking place on-site in the week following the inspection according to staff on the day. Painting and decorating had been completed since the previous inspection which made the centre more colourful and homely for the residents. There were murals on the walls of the corridors depicting such items as a sweet shop and a post office. Resident's bedroom doors in some areas of the centre had been painted to resemble a front door to a house.

The inspector observed many activities taking place throughout the day. An activity schedule was displayed in prominent locations in the centre, and the inspector found that a designated activity coordinator was available on the day of the inspection who was enthusiastic and knew the residents well. Residents were observed participating in games activities during the morning as well as reading the newspapers. The designated activities co-ordinator also provided 1:1 activities for the residents unable to take part in the group activities. A record of participation in activities, which were made available to the inspector, were used by the activity coordinator to measure resident's interest in activities and help tailor them to these interests.

The inspector met briefly with the general practitioner who was in attendance on the day of inspection assessing residents.

The inspector met with residents throughout the day in communal areas and some in their bedrooms. Residents spoken with on the day were very happy with their care and support given by the staff team. One resident that was preparing to go to the day room for activities in the morning said, "they would be lost without the staff". Staff and residents were heard, by the inspector, discussing local events such as a local sporting fixture which they both had interest in. Staff were observed, by the inspector, interacting and engaging well with the residents in a respectful manner. Visitors who spoke with the inspector on the day were happy with the support and care their loved ones received. Staff were also familiar to the people who visited the centre and interacted with them in a friendly manner. Visitors were seen coming in and out throughout the day and one resident was going into town to visit their own friends during the day of inspection.

Food and drinks were made available to the residents throughout the day of inspection. Residents who spoken with the inspector were happy with the food quality and choices. One resident commenting, jokingly, that the "food is too good". The dining times were social occasions for residents with tables set and staff supporting residents that needed this. There was adequate space in the dining area for the number of residents present on the day of inspection.

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

In general, Skibbereen Community Hospital was a well-managed centre where residents received good quality care and services. This was an inspection conducted by inspector of social services, to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. There was evidence that the registered provider and team of staff were committed to ongoing quality improvement, for the benefit of the residents who lived in the centre.

The registered provider of this centre is the Health Service Executive (HSE). The centre is managed on a daily basis by an appropriately qualified person in charge, responsible for the direction of care. They are supported in their role by a clinical nurse manager, a team of nurses, healthcare attendants, administrators, catering, activity and household staff. The lines of accountability and authority were clear, and all staff were aware of the management structure. The person in charge reports to a general manager for older persons services in the HSE and it was clear that they were actively engaged in the operational management of the service. The

service was also supported by clinical development, infection control, human resources and a finance department.

The inspector found that there were adequate resources in the centre to ensure the service provided was effective and in line with the centre's statement of purpose. The statement of purpose was reviewed and required updating in certain areas, which is discussed under Regulation 3. Staffing levels and skill mix on the day of inspection were sufficient for the number of residents and in relation to the size and layout of the building. Staff training was appropriate to support their roles and functions in the centre. Training records presented to the inspector were up to date. Opportunities for staff to expand their role with training were available. One staff member, for example, had just completed the train the trainer course in cardiopulmonary resuscitation (CPR).

Records both electronic and paper based were made accessible to the inspector. Records were stored securely and easily retrieved. Records listed under Schedules 2,3,4 and 5 of the regulations were reviewed by the inspector. Staff personnel files viewed had the required information as required by the regulations included. The directory of residents and the contracts of care of residents were examined by the inspector and also contained the information required by the regulations. Policies and procedures listed in Schedule 5 were present on the day of inspection and available to staff in the centre.

There was a comprehensive schedule of audit in the centre for the year. These audits identified actions and a plan put in place to improve the service. The annual review for the centre was completed, which again identified areas to be improved and also included input from the residents. Residents were surveyed regularly to identify areas in which they were satisfied and areas where they were improvements required. Regular staff and residents meetings took place in the centre.

There was a comprehensive log of incidents maintained in the centre and the incidents that were required to be notified to the chief inspector had been submitted. Complaints were recorded, logged and evidence was present that the complaints were closed out to the complainants satisfaction. The complaints policy displayed in the centre was updated on the day of inspection to include the latest information contained in the regulations.

Regulation 15: Staffing

There was ample evidence that the centre is adequately staffed to meet the needs of the residents. The staffing levels allowed for an appropriate skill mix of staff and the staff levels were suitable for the size and layout of the centre.

Judgment: Compliant

Regulation 16: Training and staff development

Appropriate training had been provided to staff for their roles, and training was up to date with a plan in place to ensure that staff remained up to date with training to support them in their roles.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents was made available to the inspector and contained the information required under Schedule 3 of the regulations.

Judgment: Compliant

Regulation 21: Records

Records were managed in a comprehensive manner to ensure compliance. A sample of staff files were examined and contained all information required under Schedule 2.

Judgment: Compliant

Regulation 23: Governance and management

The governance and management system in place for the centre were appropriate. Following the last inspection work had been completed to:

- upgrade areas of the premises
- reduce restrictive practices in the centre which had been reassessed and were now being used minimally.

Judgment: Compliant

Regulation 24: Contract for the provision of services

Contracts were signed with services available outlined on them. The room number and occupancy of these rooms were outlined in the contracts.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose had not been reviewed in the last 12 months and did not contain the correct information set out in the Certificate of Registration and arrangements for dealing with complaints as required by Schedule 1 of the regulations.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

A log of incidents was maintained and appropriate notifications were submitted to the Chief inspector's office as required by the regulation.

Judgment: Compliant

Regulation 34: Complaints procedure

A complaints log was maintained. A complaints procedure on display in the centre was updated on the day of inspection to reflect the current regulations.

Judgment: Compliant

Regulation 4: Written policies and procedures

The written policies and procedures were maintained and implemented as set out in Schedule 5.

Judgment: Compliant

Quality and safety

In general, the inspector found that residents had a good quality of life in the centre with their healthcare and well being needs being met by the provider. Premises works had been undertaken since the previous inspection, which made the centre more homely. Visits to the centre were encouraged and visitors could avail of many different areas to use and facilities, for example to make tea and coffee were readily available.

The centre was very clean on the day of inspection. A lack of storage space in a store room led to items being stored on the floor. This would prevent a full cleaning of the storage area.

Fire safety equipment in the centre was correctly maintained and evidence of the equipment being correctly serviced in a timely manner was shown to the inspector. Personal emergency evacuation plans were in place for all residents and available to staff in a number of locations in the centre. Evacuation plans on the units and personal emergency evacuation plans for residents were in place and available. Evidence of staff education, training and simulation drills involving most members of staff was provided to the inspector.

Residents had good access to medical care and a general practitioner was in attendance on the morning of the inspection. Residents were also provided with access to varied other health care professionals, in line with their assessed need. The resident care plans that were viewed were comprehensive, using scientific assessments and were updated in a timely manner. Medicines and pharmacy services were appropriately managed and administered in line with Nursing and Midwifery Board of Ireland (NMBI).

Residents views were sought on the running of the centre through residents meetings where relevant issues such as dining menus and activities were discussed. Management and staff promoted respected the rights and choices of residents in the centre. Dedicated activity staff implemented a varied schedule of activities and there was an activities programme available daily, which offered residents a wide range of activities to choose from. Action was required in relation to the space available to residents in the multi-occupancy bedrooms for residents to undertake activities in private.

The centre had undertaken measures in relation to restrictive practices and were now using them for less residents after reassessing the residents for use of them. The centre did not act as a pension agent for any of their residents and money and valuables were managed in a secure manner with two signatures used for each transaction.

Regulation 11: Visits
<p>Visitors were seen in the centre throughout the day of inspection and there was sufficient space for these visits to take place in the centre.</p>
<p>Judgment: Compliant</p>
Regulation 17: Premises
<p>Overall, the premises was well maintained and provided ample outdoor space for the residents. Areas of the centre had been redecorated since the previous inspection.</p>
<p>Judgment: Compliant</p>
Regulation 27: Infection control
<p>The centre appeared very clean on the day of inspection However, storage rooms in the centre had items stored on the floor, which meant the storage area could not be fully cleaned.</p>
<p>Judgment: Substantially compliant</p>
Regulation 28: Fire precautions
<p>The fire safety management folder was examined. Fire safety training was up-to-date for all staff working in the centre. Residents had Personal emergency evacuation plans in place. Appropriate service records were in place for the maintenance of the fire fighting equipment, fire detection system and emergency lighting. The provider had undertaken a number of fire safety drills regularly in the centre.</p>
<p>Judgment: Compliant</p>
Regulation 29: Medicines and pharmaceutical services

Medicines and pharmaceutical services in the centre were well managed and administered in adherence with best practice guidelines.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Care plans were well maintained and contained relevant information about the care and social needs of residents to facilitate the provision of care. The inspectors saw that care plans viewed were personalised and supported by clinical risk assessments using validated tools and were seen to contain sufficient detail to guide staff. These were updated four monthly or more frequently if residents' needs changed.

Judgment: Compliant

Regulation 6: Health care

There was evidence that the residents health care needs were well met, with access to appropriate medical and health care services.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Restraints used in the centre had been reassessed and reduced in use, with bedrails now used for less than 20% of residents. These restraints were used in the least restrictive manner.

Judgment: Compliant

Regulation 8: Protection

The centre did not act as a pension agent for any of their residents. Residents personal items and valuables were managed appropriately and in a secure manner.

Judgment: Compliant

Regulation 9: Residents' rights

The multi-occupancy bedrooms in the centre did not afford residents adequate space, when privacy screens were used, for them to undertake some of their activities in private. There was not enough room for a resident to sit outside their bed with the privacy screens used for example.

Judgment: Substantially 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 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Skibbereen Community Hospital OSV-0000598

Inspection ID: MON-0033519

Date of inspection: 26/10/2023

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 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <ul style="list-style-type: none"> • The Statement of Purpose was reviewed and updated on 27th of October 2023 with Certificate of Registration and 3 conditions of registration. • The Complaints policy was reviewed in line with S.I.No.415 of 2013 –Health Act 2007(Care and Welfare of Residents in Designated Centers for Older People)Regulations 2013, as of March 2023 updated and outlined with a complaints officer, a review officer ,timelines of 30 working days from the receipt of the complaint and 20 working days after the receipt of a request to review and Advocacy services available. • The Complaints procedure and Advocacy services are displayed at the hospital. 	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none"> • Items on the floor were removed on the day of inspection and stored on the shelving provided. 	
Regulation 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:

- Bedroom wardrobes relocated within easy reach of residents.
- Encouraged and ensure residents choice in the use of the visitor's room, quite room, family room or Ilen sitting room for visiting purposes or any private 1:1 sessions/activities.

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 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	27/10/2023
Regulation 03(2)	The registered provider shall review and revise the statement of purpose at intervals of not less than one year.	Substantially Compliant	Yellow	27/10/2023
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	10/11/2023