



**Health
Information
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Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	St Gabriel's Community Hospital
Name of provider:	Health Service Executive
Address of centre:	Colla Road, Schull, Cork
Type of inspection:	Unannounced
Date of inspection:	20 February 2023
Centre ID:	OSV-0000600
Fieldwork ID:	MON-0039361

About the designated centre

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

St. Gabriel's Community Hospital is a 21 bedded residential care facility located on the outskirts of Schull village on well- maintained grounds with beautiful views over Schull harbour. Bedroom accommodation within the centre comprises of 17 single en suite bedrooms and two twin bedrooms. Communal accommodation includes a large sitting or recreational room with an adjacent lounge which overlooks the garden and sea. There is a decked balcony outside the lounge area with seating and a bird table. Further communal areas include a dining room with a built in kitchen area. An enclosed garden area opened off the dining room with plenty of tables, chairs, benches and plants for residents to enjoy. The service provides continuing care, respite care, palliative care, community support and long term care. It is a mixed gender facility catering for all dependency levels. Care is provided by a team of nursing, care staff, chefs, household staff, medical officers and a wider multidisciplinary team.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	19
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Monday 20 February 2023	09:15hrs to 16:30hrs	Ella Ferriter	Lead

What residents told us and what inspectors observed

The inspector met with all residents living in St. Gabriel's Community Hospital on this one day inspection, either in their bedrooms or in the communal areas. The inspector also spent time observing residents' daily lives and care practices in the centre, in order to gain insight into the experience of those living there. The majority of residents spoke very positively about their care and told the inspector that they felt happy to be living in the centre. One resident told the inspector that "everyone is very nice here and they give us time" while another resident praised their life in the centre telling the inspector that there was always something going on or someone to talk to. However, one resident spoken with, told the inspector that they would like to have more time outside in the garden and it is not always easy to access it. The resident was informed by staff that they require supervision to be outdoors and staff are often too busy to accompany them.

On arrival to the centre the inspector met with the person in charge. After an opening meeting, the inspector was guided on a tour of the premises. St Gabriel's Community Hospital is a two story designated centre in the coastal village of Schull in West Cork. Residents accommodation is all based on the ground floor with staff facilities and offices on the first floor. The centre can accommodate 21 residents in 17 single and two twin rooms, all with en suite facilities. On the day of the inspection there were 19 residents accommodated in the centre, and on the afternoon of the inspection a resident was admitted for transitional (short term) care. Communal space within the centre comprises of a large sitting room, which opened onto a bright conservatory overlooking the sea, a dining room with a kitchenette and a family room. These rooms were observed to be very homely and nicely decorated with comfortable seating, art work on the walls and old memorabilia.

The inspector saw that there was appropriate directional signage in the centre to assist residents with cognitive difficulties to find areas of the centre. The majority of residents' bedrooms had a picture of an item which was familiar to them. For example; a resident who loved horses had a picture of a horse on their door. The inspector saw that residents bedrooms were nicely decorated with personal items such as family pictures, blankets and memorabilia. One resident told the inspector how they loved books and staff had arranged for bookshelves to be purchased to house their book collection.

Residents had access to a well maintained internal courtyard with nice planting, paving and seating. The inspector observed two statues in the garden that were donated by families and friends of residents who had passed away in the centre, to thank staff for the care provided. The sitting room was observed to be the main hub of the centre throughout the day. Residents were seen to enjoy activities facilitated by a very enthusiastic activity coordinator, who knew residents personal preferences and abilities very well. Residents were observed to partake in board games, ball games, reading and puzzles throughout the day. Staff were observed to chat with

residents about their interests. In the morning a local musician attended the centre and played guitar and sang for residents, which they told the inspector they really enjoyed. The inspector observed that the atmosphere in the centre was calm and relaxed throughout the day and that there was an ethos of respect and kindness towards the residents. Staff were observed to always seek the resident's permission before they commenced a care intervention.

Residents spoken with expressed satisfaction with the quality, quantity and variety of food. This was supported by the observations of the inspector. One resident told the inspector how they were vegan and that the chef always ensured they had variety in their diet and they were always consulted with daily about the types of foods they would like. The majority of residents living in the centre attended the dining room for their dinner. The decor of the room was similar to a country kitchen and the inspector saw that tables were nicely set with pictorial menus, placements and nice crockery. Music was playing in the background while residents ate and staff were seen to engage positively while assisting residents. Food was attractively presented and residents requiring assistance were assisted appropriately. There was a good supply of fresh fruit, snacks and drinks available throughout the day.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being delivered. The levels of compliance are detailed under the individual regulations.

Capacity and capability

This was an unannounced risk inspection carried out to monitor compliance with the regulations. Overall, findings were St. Gabriel's Community Hospital was a good service, with a dedicated team of staff. However, some areas were identified as requiring to be addressed during this inspection such as individual assessment and care planning, records, the high use of restraint and independent access to the outdoors.

The registered provider of this centre is the Health Service Executive (HSE). The organisational structure within the centre is clear, with roles and responsibilities understood by the management team, residents and staff. The management team operating the day to day running of the centre consists of a person in charge and a clinical nurse manager who were both well known to the residents and demonstrated a good knowledge of residents assessed care needs. Lines of authority and accountability, and roles and responsibilities were understood by all staff.

The provider had management systems in place such as risk management, auditing and management and staff meetings, to ensure that the service provided was safe and effectively monitored. However, the quality of the nursing and medication

records required to be addressed, which is further detailed under regulation 21.

The inspector found that the levels and skill mix of staff at the time of inspection were sufficient to meet the needs of residents living in the centre. There was a training matrix in place which detailed a comprehensive programme of training for staff. Staff were facilitated to attend training in areas such as safeguarding residents from abuse, fire safety training, moving and handling, infection prevention and control and responsive behaviour. There was an annual review of the quality of care in the centre near completion for 2022 which included residents feedback, as per the requirements of the regulations.

The centre had a complaints policy and procedure in place that reflected the requirements of the regulation. A review of the complaints log found that complaints were documented and addressed. There was evidence of consultation with residents in the planning and running of the centre. Regular resident meetings were held to help inform ongoing improvements and required changes in the centre.

Regulation 15: Staffing

Through a review of staffing rosters and the observations of the inspector it was evident that the registered provider had ensured that the number and skill mix of staff was appropriate, having regard to the needs of residents and the size and layout of the centre.

Judgment: Compliant

Regulation 16: Training and staff development

A review of the centre's training matrix identified that all staff had completed mandatory training as per the centres policy. There was good oversight of training by management. The registered provider had appropriate staff supervision arrangements in place to ensure that care delivery was appropriately monitored and delivered.

Judgment: Compliant

Regulation 19: Directory of residents

The registered provider had established and maintained a directory of residents in the centre and it included all the information as specified in Schedule 3.

Judgment: Compliant

Regulation 21: Records

Some records reviewed did not comply with Schedule 3 for example:

- on a review of a sample of medication administration records, it was found that medications administered were not always signed by the nurse administering the drugs, in accordance with professional guidelines.
- nursing records of the residents health, condition and treatment given, was not always completed on a daily basis and signed and dated by the nurse, in accordance with professional guidance. Gaps were seen in progress notes and in one residents records there had not been an entry for three days.

Judgment: Substantially compliant

Regulation 23: Governance and management

There was an effective governance and management arrangements in place and clear lines of accountability. Regular management and staff meetings were scheduled. Issues such as staffing, risk management and infection control issues were discussed and documented. A daily safety pause meeting was held every morning to communicate any on-going risks or pertinent care issues.

Judgment: Compliant

Regulation 3: Statement of purpose

A detailed statement of purpose was available to staff, residents and relatives. This contained a statement of the designated centre's vision, mission and values. It accurately described the facilities and services available to residents, and the size and layout of the premises. It contained all information as set out in Schedule 1 of the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

There was an up to date complaints policy that identified the complaints officer and the complaints process. The policy included an independent appeals process. The procedure for making a complaint was on display. A review of the complaints log indicated that one complaint was recorded since the previous inspection of the centre. This was investigated and required improvements were put in place.

Judgment: Compliant

Quality and safety

Overall, the care and support provided to residents in St. Gabriel's Community Hospital was seen to be of a good standard. Residents had good access to healthcare services and opportunities for social engagement. However, some areas required to be addressed as per the findings of this inspection in relation to individual assessment and care planning, the high use of restraint and residents rights. These are further detailed under the relevant regulations.

Residents' health and well-being were promoted and residents had timely access to general practitioners and health and social care professionals. From conversations with staff it was evident that they were knowledgeable regarding residents' care needs. However, this inspection found that significant improvements were required in care planning, to ensure that information to guide nursing and care staff was informed by residents' individual preferences and wishes and a comprehensive individual assessment. This is further discussed under regulation 5.

Residents' nutritional and hydration needs were assessed and closely monitored in the centre. Residents with assessed risk of dehydration, malnutrition or with swallowing difficulties had appropriate access to a dietitian and to speech and language therapy specialists and their recommendations were implemented. Residents had access to pharmacy services and the pharmacist was facilitated to fulfil their obligations under the relevant legislation and guidance issued by the Pharmaceutical Society of Ireland.

From discussion with the staff and from observations of the inspector, there was evidence that residents who presented with responsive behaviours were responded to in a very dignified and person-centred way by the staff, using effective de-escalation methods. However, this was not always reflected in responsive behaviour care plans, as actioned under regulation 5. The high use of bedrails within the centre also required review, as there was not always evidence of alternatives trialled, which is actioned under regulation 7.

The location, design and layout of the centre was suitable to meet the individual and collective needs of the resident profile and was in keeping with the centre's statement of purpose. The centre was observed to be clean, well maintained and there was adequate storage available. Overall, the inspector observed that there were good infection prevention and control practices and procedures in place. Staff

were observed to be following appropriate infection prevention and control guidelines in their work practices such as compliance with wearing of face masks and frequent hand hygiene.

The inspector saw that the residents were comfortable throughout the day and that staff respected their privacy and dignity. Residents' meetings were taking place in the centre three monthly and the minutes of these meetings showed a range a topics were discussed such as food and activities. However, this inspection found that residents access to the outdoors and the promotion of their independence required to be addressed, which is further detailed under regulation 9. Residents had opportunities to participate in meaningful coordinated social activities that supported their interests and capabilities.

Regulation 17: Premises

The premises met the residents' needs, was clean, well maintained and conformed with Schedule 6 of the regulations.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents' hydration and nutrition needs were assessed, regularly monitored and met. There was sufficient staff available at mealtimes to assist residents with meeting their hydration needs and with eating their meals. Residents with needs for special, modified and fortified diets were provided with meals and snacks prepared as recommended.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had prepared and made available a residents guide. This guide included all components of information as outlines in the regulations such as a summary of the services and facilities in the centre and the complaints procedure.

Judgment: Compliant

Regulation 27: Infection control

The inspector found that there was good practices in relation to infection control in the centre and observed the centre was very clean throughout. All staff had attended infection control training. There was good oversight by management of the infection prevention and control arrangements in the centre, to ensure they were being adhered to.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There were written operational policies and procedures in place on the management of medications in the centre. Medications requiring special control measures were stored appropriately and counted at the end of each shift by two registered nurses. A sample of prescription and administration records viewed by the inspector, contained appropriate identifying information. The recording of medication administration required action, which has been actioned under regulation 21.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

A review of a sample of resident's assessment and care plans found that they were not in line with the requirements of the regulations. For example:

- a resident living in the centre did not have a care plan formulated for two weeks after they were admitted to the centre. This was contrary to the regulatory requirements which states that residents should have a care plan formulated within 48 hrs of admission to the designated centre. Therefore there was no plan to direct care.
- there was evidence that care plans were sometimes developed without a comprehensive assessment of the residents needs. Therefore, the inspector was not assured that care plans developed were informed by scientific tools and based on an individual assessment of the resident.
- a resident receiving transitional care that had been in the centre for two months, did not have a comprehensive care plan to direct care.
- a mood and behavior care plan for a resident who was exhibiting responsive behaviors did not have up to date information with regards the management and support of their behaviors.

Judgment: Not compliant

Regulation 6: Health care

A review of residents' files found that residents' health care needs were regularly reviewed by their general practitioner (GP). Residents were supported by allied health care professionals including a physiotherapist, dietitian, and a speech and language therapist. The residents were also supported by the community palliative care, psychiatry, and community mental health nurses if required. There was a very low incidence of pressure ulcer formation in the centre and skin integrity was being closely monitored.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The inspector found that there was a high usage of bedrails in the centre which was over 68%. Improvements were required in changing this culture and trialling alternatives, to ensure that least restrictive practice is implemented as per national policy.

Judgment: Substantially compliant

Regulation 9: Residents' rights

The following required to be actioned to ensure that residents rights were upheld in the centre:

- access to the garden for residents who chose to use this area independently required review. This was to ensure that residents were encouraged and supported to optimise their independence where possible and have free access to safe outdoor space.

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	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Infection control	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for St Gabriel's Community Hospital OSV-0000600

Inspection ID: MON-0039361

Date of inspection: 20/02/2023

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 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: Nursing management have reviewed all medication administration records. Nursing management have emphasized through briefing sessions at nursing team talks the necessity for all cells to be signed or coded according to the medication management policy and prescription chart. Nursing Management will continue to monitor via audit and surveillance. All nursing team members have completed HSELand Medication Management training</p> <p>Nursing management have reviewed all nursing records. Nursing management have emphasized through briefing sessions at nursing team talks the necessity for a narrative entry on the residents health, condition and treatment given on a basis in accordance with the nursing documentation policy. Nursing Management will continue to monitor via audit and surveillance.</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: The care plan identified as non-compliant has been fully completed and now meets regulatory requirements</p> <p>The nursing team have reviewed and updated all care records to ensure all care plans have an associated comprehensive assessment with relevant scientific tools.</p> <p>The nursing team have commenced a new comprehensive short stay admission nursing</p>	

assessment and care planning system. The resident receiving transitional care has now been assessed via this system with an associated comprehensive care plan to direct care. The identified mood and behaviour care plan has been reviewed and updated. The care plan provides behavioral support and outlines de-escalation techniques and ways to effectively respond to behaviour's.

Regulation 7: Managing behaviour that is challenging	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:
The identified mood and behaviour care plan has been reviewed and updated. The care plan provides behavioral support and outlines de-escalation techniques and ways to effectively respond to behaviours.

Regulation 9: Residents' rights	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights:
All three access doors are open on a daily basis. All Residents have been made fully aware of this.

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 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	28/03/2023
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Not Compliant	Orange	28/03/2023
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph	Not Compliant	Orange	28/03/2023

	(3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.			
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.	Substantially Compliant	Yellow	28/03/2023
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Substantially Compliant	Yellow	28/03/2023