



**Health
Information
and Quality
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:	28 April 2022
Centre ID:	OSV-0000600
Fieldwork ID:	MON-0035708

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 primary objective of the service is to support the needs of the population of the Mizen Peninsula catchment area by providing continuing care, respite care, palliative care, community support and convalescent care. The service also provides care to younger people over the age of 18 as required. It is a mixed gender facility catering for all dependency levels. Care is provided by a team of nursing and care staff chefs, household staff, medical officers and a multidisciplinary team.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	17
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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
Thursday 28 April 2022	09:00hrs to 17:00hrs	Ella Ferriter	Lead

What residents told us and what inspectors observed

St Gabriel's Community Hospital is a well established centre, where residents are supported to enjoy a good quality of life, which centers around promoting their rights and maintaining residents dignity. The inspector observed that there was a team of dedicated staff, who delivered person centred care and they were kind and compassionate to residents. Feedback the inspector received from residents and families, was overwhelmingly positive, about the care received in the centre and the homely, warm atmosphere.

This un-announced inspection took place over one day. There were 17 residents accommodated in the centre, on the day of the inspection and four vacancies. The inspector was welcomed to the centre on arrival, and guided through the infection prevention and control measures in place which were comprehensive. These included a temperature check, hand hygiene and application of a face mask before entering the centre. Following an opening meeting with the person in charge, the inspector was guided on a tour of the premises.

St Gabriel's Community Hospital is a two story centre, situated in a scenic location overlooking the sea, on the outskirts of Schull village in West Cork. Residents accommodation was situated on the ground floor with staff facilities and offices on the first floor. The inspector saw that there were beautiful views of Schull harbour from some residents bedrooms, and also from the sitting room and conservatory. The centre was decorated to a very high standard. Bedrooms were personalised for many residents, and it was evident that staff within the centre encouraged residents to make them their own, and decorate them to their taste. Residents spoken with expressed extreme satisfaction regarding the comfort of their bedrooms, and the space that they were afforded.

The inspector saw that communal space within the centre comprised of a large sitting room, which opened onto a conservatory, a dining room and a family room. These rooms were nicely decorated and were very homely with comfortable seating and soft furnishing. There was appropriate signage in place to assist residents to navigate the centre. The inspector saw there was a secure central enclosed courtyard, with seating and plants, as well as a green area facing the sea with a small golfing green and a cat house where the centres three cats were homed.

The inspector observed that there was a very warm and welcoming atmosphere in the centre. The inspector spent time observing resident and staff engagement throughout the day and found that the residents interactions with staff were seen to have an individualised and person-centred approach. It was very evident that staff knew residents well and were familiar with their daily routines and preferences for care and support. The inspector met with all of the residents throughout the day, and spoke in more detail with six residents and two visitors. The inspector spent time walking around the centre and meeting with residents in their rooms and in the communal areas. One resident told the inspector that they "couldn't be better cared

for, as they received five star treatment " and another resident told the inspector they had " found their forever home". The inspector observed that residents looked well-groomed and were encouraged to choose their own clothes and jewellery for the day. Staff spoken with told the inspector that respect and dignity for residents was their primary focus and they took pride in ensuring that residents were content and happy in St Gabriel's.

The inspector took the opportunity to observe the mealtime in the dining room and saw that the dinner was a social occasion for residents where many of them chatted and laughed together. Residents told the inspector that they enjoyed mealtimes and they had a choice of hot menu each day. Residents confirmed that they could get an alternative to the menu if they did not like the what was offered. There was sufficient staff available in the dining room to assist residents as needed. In the evening the inspector observed a member of staff doing a baking session with residents in the dining room, where they made queen cakes and discussed recipes.

The inspector saw that there was a varied and interesting programme of activities for residents in the centre, and residents told the inspector their was always something to do. There were staff available to support residents in their recreation of choice. Staff were knowledgeable about the residents and were familiar with their preferences for activities and their ability to participate. On the day of this inspection residents partook in a reminiscence session where they enjoyed discussing old times past when they went to dances with friends. They also were observed painting and doing crossword puzzles. West Cork Arts for Health attended the centre weekly and the inspector saw that the art work that residents had carried out, was displayed around the centre proudly.

It was evident that the centre was embedded in the local community. On the day of this inspection the inspector saw letters being received from the local transition year students, one for each resident. Residents had unlimited access to television, radio, newspapers and books. Internet and telephones for private usage were also available and some residents were observed using electronic devices such as tablets and listening to audio books.

There were arrangements in place to support residents to maintain contact with their loved ones. Visiting was facilitated in line with current guidance and visitors the inspector met with spoke extremely positively about the care in the centre and relayed how happy they were that their loved one was living in the centre. The local priest visited the centre monthly to say mass.

In summary, this was a good centre which residents called home. There was a responsive team of staff delivering safe and appropriate person-centred care and support to residents. The next two sections of this 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 the quality and safety of the service being delivered.

Capacity and capability

Overall, this inspection found that the governance and management of St Gabriel's Community Hospital was robust, and ensured that residents received good quality, safe care and services. This unannounced risk inspection was carried out to monitor compliance with the regulations. The last inspection of this centre had been in March, 2021. It was evident that the registered provider was committed to a process of quality improvement and the promotion of a resident led service.

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. The management team report to a General Manager, who represents the provider. There is also the additional support of a clinical development coordinator. The person representing the provider was in regular contact with the centre, and there was evidence of good oversight of the service. Governance meetings were held with the other HSE centres in Cork & Kerry, on a regular basis. Records of staff meetings, provided to the inspector, demonstrated that there were good systems of communication in place. It was evident that issues were discussed, and corrective actions were implemented as required. Staff feedback was actively sought, for the adoption and implementation of improvements within the centre.

Overall, the inspector found that there were adequate resources in the centre, to ensure the effective delivery of care to residents, in line with the centres stated purpose. The staffing number and skill mix on the day of inspection was appropriate to meet the care needs of the residents, and staff were observed to have the required competencies and experience to fulfil their roles and duties. Staff were confident in their roles and demonstrated competence in their work. A safety pause took place within the centre twice per day, where issues relating to residents care were discussed and communicated.

Records and documentation, both manual and electronic were well presented, organised, and supported effective care and management systems in the centre. All requested documents were readily available to the inspector throughout the inspection. Staff were supported and facilitated to attend mandatory and professional development training, including COVID-19 infection prevention and control training, to ensure they had the necessary skills to meet residents' needs. There were robust recruitment procedures in place, and all staff files reviewed complied with regulatory requirements.

Complaints received were investigated and managed in line with the centre's complaints policy. Residents' views were valued and they were facilitated and encouraged to feedback on aspects of the service they received. This feedback was used to inform improvements in the service and the annual review of the quality and

safety of the service delivered to residents.

Regulation 14: Persons in charge

There was a person in charge who worked full time in the centre and had authority for the day to day to day running of the service. They are a registered nurse with the required managerial and management qualification, as required by the regulations. They were well known to residents and their families and to the staff team. The person in charge demonstrated a good knowledge of their regulatory responsibilities and a commitment to providing a safe and high quality service for the residents.

Judgment: Compliant

Regulation 15: Staffing

The number and skill mix of staff on duty was appropriate, for the number of residents living in the centre. Staff were knowledgeable and demonstrated competence in their work.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had good access to training and staff were up to date in their mandatory training requirements. Staff demonstrated safe practices in key areas such as hand hygiene, using personal protective equipment (PPE) correctly, fire safety and moving and handling. One staff member was awaiting training in manual handling, which the inspector was informed had been difficult to access due to the global pandemic.

Judgment: Compliant

Regulation 21: Records

Records as set out in Schedules 2, 3 and 4 of the regulations and relevant to the regulations examined on this inspection, were kept in the centre and were made available for inspection. Staff records reviewed by the inspector contained all

information as required by the regulations.
Judgment: Compliant
Regulation 23: Governance and management
Overall, this was a well managed centre. There were sufficient resources to ensure that care and services were provided in accordance with the centre's own statement of purpose. The management structure was clear, with agreed lines of authority and accountability. There were comprehensive quality assurance systems in place, to ensure that care and services were safe, appropriate and effectively monitored.
Judgment: Compliant
Regulation 24: Contract for the provision of services
All residents had a contract of care, which identified fees, including possible additional fees to be charged, and details of the services to be provided. The type of accommodation, for example a single or double occupancy room was stated.
Judgment: Compliant
Regulation 31: Notification of incidents
Incidents that occurred within the centre were appropriately documented, and records were well maintained. Incidents occurring in the centre had been reported to the Chief Inspector, in line with regulatory requirements.
Judgment: Compliant
Regulation 34: Complaints procedure
A review of the complaints records found that resident's complaints and concerns were promptly managed and responded to, in line with regulatory requirements. There were good records maintained with evidence that all complaints, formal and informal, were investigated in a timely manner. There was evidence that complainants were satisfied with the outcome, and actions were undertaken in the

centre to prevent reoccurrence of issues.

Judgment: Compliant

Quality and safety

Overall, this inspection found that St. Gabriel's Community Hospital was providing a high standard of care and a good quality of life for residents. Care was person-centred, residents' rights were upheld and were the focus of care delivery. The quality of residents' lives was enhanced by opportunities for social engagement, and a premises that met their needs, in a comfortable and homely manner.

Residents' medical and health care needs were well met in the centre. The centre has good access to general practitioner (GP) and a range of healthcare professionals such as dietetics, speech and language and physiotherapy. There was a very low incidence of pressure ulcer development within the centre, however, a review of the process of assessing wounds was required, which is detailed under regulation 6. Residents' care plans were detailed and reflective of their individual preferences and wishes, regarding their care and supports. Care plans were regularly updated, and residents or their families, on their behalf, were consulted with regarding any changes made.

The centre had an up-to-date risk register and a detailed risk management policy. This also outlined the specific controls in place to manage risks associated with COVID-19. Infection Prevention and Control measures were in place. Staff had access to appropriate infection prevention and control training, and all staff had completed this. Household staff who spoke with the inspector were knowledgeable in cleaning products and systems. The centre had been successful to date in keeping the centre COVID-19 free.

There was a positive focus on fire safety within the centre. Each resident had a current personal emergency evacuation plan. Records indicated a system for the preventive maintenance of fire safety equipment. Fire drills of compartments were taking place regularly.

Residents were encouraged to give feedback about their care and services and a review of residents meetings evidenced that where suggestions were made they were actioned and addressed.

Regulation 10: Communication difficulties

Communication care plans reviewed provided detail regarding the residents care requirements and methods in place to enhance and assist communication. The

inspector saw that residents with communication difficulties were facilitated to communicate freely; for example via individual communication boards.

Judgment: Compliant

Regulation 11: Visits

Visits to the centre were operating in line with current Health Protection and Surveillance Centre (HPSC) guidance. The inspector met with two visitors who confirmed, that visiting was easily accessible. Screening measures were in place for residents visiting indoors.

Judgment: Compliant

Regulation 26: Risk management

A centre-specific risk management policy, a risk register and risk management procedures were in place. The risk register included assessment and review processes for identifying and managing risks. Control measures were in place to mitigate the levels of risks identified.

Judgment: Compliant

Regulation 27: Infection control

The centre was observed to be clean throughout. An cleaning matrix was in place and specific named staff have responsibility for the completion of tasks. High touch areas were cleaned frequently and deep of bedrooms was taking place. Staff had access to personal protective equipment, and there was up to date guidance on the use of these available. All staff were observed to be wearing surgical face masks. Alcohol gel was available throughout the centre and staff were observed to use appropriately. Hand hygiene notices were displayed and staff had attended hand hygiene training.

The provider was in the process of enhancing cleaning procedures within the centre, via the purchase of enhanced cleaning equipment and reviewing staff allocated to cleaning.

Judgment: Compliant

Regulation 28: Fire precautions

There were comprehensive fire safety precautions in place in the centre, which included regular staff training and a comprehensive range of fire safety checks. Fire alarms, emergency lighting and fire fighting equipment were serviced at appropriate intervals. Signage identifying fire compartments, was available throughout the centre. Fire drills took place on a regular basis, including the evacuation of compartments, with reduced staffing levels.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Care plans were developed with the resident and/or their family. Care plans were found to be person centred and were reviewed with the resident and/or their family, every four months or if the resident's needs changed, as required by the regulations.

Judgment: Compliant

Regulation 6: Health care

Some wound care documentation reviewed did not evidence that wounds were being measured in line with evidence based practices and in some instances, where wound care had been attended to, it was not recorded as per the centres wound care documentation.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Residents' views and feedback were actively sought through resident's meetings, complaints and informal feedback. This feedback was used to inform areas for improvement and change in the service. There were facilities for meaningful occupation and entertainment and residents said that there was enough to do each day. Residents were encouraged to maintain their independence and to make choices about how to spend their day. Staff were respectful of residents' choices. Residents were able to carry out personal activities in private and their right to

confidentiality was upheld by staff and managers. Independent advocacy was also available .

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 9: Residents' rights	Compliant

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

Inspection ID: MON-0035708

Date of inspection: 28/04/2022

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 6: Health care	Substantially Compliant
Outline how you are going to come into compliance with Regulation 6: Health care: All wound care charts have been reviewed and wound measurements have been updated.	

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 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	28/04/2022