



**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:	Skibbereen Community Hospital
Name of provider:	Health Service Executive
Address of centre:	Coolnagarrane, Skibbereen, Cork
Type of inspection:	Unannounced
Date of inspection:	08 March 2023
Centre ID:	OSV-0000598
Fieldwork ID:	MON-0039544

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:	26
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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
Wednesday 8 March 2023	09:15hrs to 16:45hrs	Ella Ferriter	Lead

What residents told us and what inspectors observed

This unannounced inspection took place over one day. The inspector spoke with several of the residents living in the centre and spent periods of time observing staff and resident engagement in communal areas. Overall, the feedback from residents was that Skibbereen Community Hospital was a nice place to live. Residents were complimentary of staff, and the inspector observed a number of positive interactions between staff and residents on the day of inspection. It was evident that staff were knowledgeable of residents' needs, and were observed to be respectful, kind and caring in their approach.

Following an opening meeting with the person in charge and the clinical nurse manager the inspector was guided on a tour of the premises. Skibbereen Community Hospital is a single-storey designated centre laid out over one floor, which is registered for 40 residents. There were 25 residents living in the centre on the day of this inspection and 15 vacancies. Bedroom accommodation in the centre was divided into named units, depicting 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 some residents bedrooms were personalised and they had pictures and memorabilia from home. However, the layout of St. Bridget's room required review. The inspector observed a cabinet to store files on a window sill which blocked the residents natural light and it was difficult for some residents to access their personal belongings as wardrobes were across the bedroom, which is actioned under regulation 17.

The inspector noted that two of the multi-occupancy bedrooms were closed in the centre since November (four months previously). The management team informed the inspector that this was to facilitate work to the centres entrance and to upgrade these bedrooms. It was evident that residents had been consulted with about this temporary relocation. Overall, the inspector observed that the centre was clean and well maintained, with the exception of some wall surfaces on bedrooms walls and door frames around the centre, which required repainting. This is actioned under regulation 17. Residents had access to two courtyards in the centre which the inspector observed had been upgraded and decorated since the previous inspection with potted plants and seating. the inspector was informed that there were plans for further decoration of the centre internally, to make it more homely for residents.

The inspector met with residents in their bedrooms and in the communal areas. Some residents were unable to articulate their experience of living in the centre and the inspector observed that those residents appeared comfortable, relaxed and content in their environment and the company of staff and other residents. Although some residents told the inspector that they were happy in their rooms, others stated they would prefer their own room and were on a waiting list. The inspector spoke to a resident living in a four bedded room who reported that they would prefer to be living in a single rooms as they previously had, as they liked their own space and found the shared room noisy. From discussion with the management team it was

apparent that this resident had been relocated to a four bedded rooms in December 2022, three months previously. The inspector was informed this was to aid staff supervise the resident. At the residents request the management team arranged for this resident to be relocated to their bedroom on the day of this inspection and the resident reported they were satisfied with this outcome. The inspector was not assured that this resident rights had been respected in this instance, which is actioned under regulation 9.

The inspector observed a busy activities programme 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. Over twenty residents were observed in the sitting room enjoying a music session with " West Cork Arts for Health". Some residents joined in and played instruments with the musician and their was very positive engagement seen. In the evening some residents did arts and crafts for Saint Patrick's Day and residents who chose to remain in their room were visited for one-to-ones.

Drinks and nutritious snacks were available at all times and offered regularly and drinking water was readily accessible. Residents communicated with on the day reported that the choice and quality of food was good, including the snacks available between meals. Menus were displayed clearly in dining areas and staff assisted residents to make an informed choice. The inspectors observed a pleasant atmosphere over lunch in the main dining room, with gentle music playing and residents chatting to each other as they enjoyed their meal. However, nine more dependant residents were brought to a sitting room in Ilen for their lunch and were not afforded a positive dining experience, as the room was overcrowded and residents were all situated facing the door, which is actioned under regulation 9. The inspector also observed a resident served their lunch on the corridor, which did not promote their privacy and dignity.

The inspector had the opportunity to meet with one visitor to the centre. They expressed their satisfaction with the quality of care provided to their relative living in the centre and knew the staff and management team and described positive interactions they had experienced with the staff.

The next two sections of this report detail the findings in relation to the capacity and capability of the centre and describes how these arrangements support the quality and safety of the service provided to the residents.

Capacity and capability

This was a one day risk inspection carried out by an inspector of social services to monitor compliance with the Heath Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). Overall, findings of this inspection were Skibbereen Community Hospital was a good centre

where residents received a high standard of healthcare and good opportunities for social engagement. However, action was required to ensure residents rights were upheld while living in the centre, in care planning and in residents contracts of care. These will be further detailed under the relevant regulation.

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 they 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.

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. An effective training and induction programme was in place to support staff in the provision of safe and effective care to the residents. Staff were facilitated to attend training commensurate their role. All training records reviewed were up-to-date. Systems were in place to ensure all new staff had completed an induction.

Record-keeping systems comprised of both electronic and paper based record systems. Information was securely stored and easily retrieved. Records required to be maintained in respect of Schedule 2, 3 and 4 of the regulations were made available for review. The inspector found that a sample of staff personnel files reviewed contained all the information as required by the regulations. However, residents contracts of care required to be updated, to ensure they contained all components of the regulation, as detailed under regulation 24.

There was a comprehensive monitoring system via audit in areas such as medication management, falls management, infection prevention and control practices and care planning. Where areas for improvement were identified, action plans were developed and completed. There was an annual review of the quality of the service provided for 2022, which included input from residents.

Accidents and incidents were recorded, appropriate action was taken, and they were followed up on and reviewed. All notifications required to be submitted to the Chief Inspector were submitted, within the required time frame. There were policies and procedures available to guide and support staff in the safe delivery of care.

Regulation 15: Staffing

There was sufficient staff on duty on the day of the inspection with appropriate skill mix, to meet the needs of all residents, taking into account the size and layout of the designated centre. On the day of this inspection there were three registered nurses and four care attendants working in the centre with responsibility of care provision to 27 residents.

Judgment: Compliant

Regulation 16: Training and staff development

Records viewed by the inspector confirmed that most training was up-to-date. Manual and people handling training was underway on the day of the inspection and once completed, all staff would be up to date with mandatory training. Staff were appropriately supervised and supported to perform their respective roles. The provider had good procedures in place for the recruitment and retention of suitable staff. There was an induction programme completed for newly recruited staff.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents was reviewed and contained the information as required by Schedule 3 of the regulations.

Judgment: Compliant

Regulation 21: Records

Records in accordance with Schedule 2, 3, and 4 were available for inspection. A sample of four personnel records indicated for each staff member a full and comprehensive employment history available, references were obtained including a reference from their most recent employer and Garda vetting was in place.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had an established governance and management structure

in place where lines of authority and accountability were clearly defined. There were adequate resources in place and good systems of information governance, such as staff and resident meetings and a safety pause daily to communicate residents care needs. Systems in place ensured that service delivery to residents was safe and effective through the ongoing audit and monitoring of outcomes.

Judgment: Compliant

Regulation 24: Contract for the provision of services

The following required to be addressed with regards to contracts of care to comply with regulatory requirements:

- resident admitted for transitional or respite care did not have contracts of care. This was contrary to the requirements of the regulations which states that the registered provider shall agree in writing with each resident the terms on which they shall reside in the centre.
- contracts of care reviewed did not outlined the room the resident occupied and the number of residents that resided in the room.

Judgment: Substantially 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.

Judgment: Compliant

Regulation 31: Notification of incidents

A record of incidents occurring in the centre was maintained. Notifications were provided to the Chief Inspector as required. All incidents and allegations had been reported in writing to the Chief Inspector as required under the regulations within the required time period.

Judgment: Compliant

Regulation 4: Written policies and procedures

The policies and procedures outlined in schedule 5 of the regulations were available for review and had all been updated within the last three years.

Judgment: Compliant

Quality and safety

Overall, residents health and welfare was maintained to a good standard of evidenced-based care. Residents reported that they received good quality care and support from staff and that they felt safe living in the centre. However, some actions was required with regard to residents rights, the premises and care planning.

Residents' general practitioners (GPs) attended the centre for regular medical reviews, and residents had access to specialist geriatrician services where required. Where residents were identified as requiring additional health and social care professional expertise, there was a systems of referral in place. A review of the residents' care records found that recommendations made by health and social care professionals were implemented and updated into the residents plan of care. All residents living in the centre had a comprehensive assessment completed on admission and a care plan based on their individual assessment, as per regulatory requirements. However, some care plans reviewed did not contain sufficient information to direct care delivery, which is further detailed under regulation 5.

Residents nutritional and hydration needs were met and the dietitian was observed to be attending the centre to review residents on the day of inspection. Arrangements were in place to ensure residents received a varied and nutritious menu based on their individual food preferences and dietetic requirements. The inspector observed staff providing person-centred care and support to residents who experience responsive behaviours (how residents living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Where restraints such as bed-rails were in use, appropriate risk assessments had been undertaken, and there were relevant consent forms. However, the use of bedrails in the centre was high, which is actioned under regulation 7.

The inspectors found that there was good practices in relation to infection control at the centre and they observed the centre was very clean throughout. There were effective infection control procedures in place, which included arrangements to keep up to date on developing guidance, clear guidance on cleaning procedures and training for staff. There was good oversight by management of the infection prevention and control arrangements in the centre, to ensure they were being

adhered to. There were risk records maintained by management, including the risk management policy and a risk register which was reviewed regularly. Risk assessments were seen to be completed and appropriate actions were taken to any risks identified.

Arrangements were in place for residents to consult with the management team in the organisation of the service and were also provided with access to independent advocacy services. Residents were provided with access to local and national newspapers and were provided with telephone and Internet services, if they wished. However, action was required in ensuring the dignity and choice of residents was safeguarded, as detailed under regulation 9.

Regulation 17: Premises

The following required to be addressed to meet the requirements of Schedule 6 of the regulations:

- the layout of bedrooms, to ensure that residents had access to their clothing and personal belongings. In some bedrooms wardrobes were on the opposite side of the bedroom.
- painting of some bedroom walls and door frames within the centre was required.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents' nutritional and hydration needs were assessed and closely monitored in the centre. There was good evidence of regular review of residents' by a dietitian and timely intervention from speech and language therapy when required. Food, including therapeutic and modified consistency diets, were presented in a manner which was attractive and appealing in terms of texture, flavour and appearance. The menu offered choice and catered for specific diets. The dining experience in one room in the centre required improvement to ensure it was a social occasion of residents, which is actioned under regulation 9.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had prepared and made available to residents a residents

guide in respect of the centre. The guide contained all information as specified in the regulations.

Judgment: Compliant

Regulation 26: Risk management

The provider had policies and procedures in place to identify and respond to risks in the designated centre. They met the regulatory requirements and included specified risks. The risk register was a live document which was maintained up-to-date to reflect risks related to the environment and people in the designated centre.

Judgment: Compliant

Regulation 27: Infection control

The centre was very clean and there was adequate cleaning staff employed. Staff were observed to be adhering to good hand hygiene techniques and good compliance in the wearing of face masks. The centre had experienced an outbreak of COVID-19 in December 2022 and following this the management team had carried out a comprehensive COVID-19 outbreak review, to identify what worked well and areas for improvement.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Care planning in the centre required improvement, evidenced by the following findings:

- the inspector found that a resident with a wound and receiving treatment for this did not have this referenced in their care plan.
- a resident exhibiting responsive behaviors did not have an up to date behavioral support care plan that could help direct care delivery and outline de-escalation techniques, and ways to effectively respond to behaviours.
- a resident prescribed daily nebulisers did not have reference to this in their breathing and circulation care plan.

Judgment: Substantially compliant

Regulation 6: Health care

This inspection found that residents' overall healthcare needs were well met and that they had access to appropriate medical and allied healthcare services. There was a low incidence of pressure ulcer development within the centre.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The number of restraints in use the centre, particularly the use of bedrails (37.5%) remained high in the centre, as found on the previous inspection. This required action to ensure it was always used in line with the national policy.

Judgment: Substantially compliant

Regulation 9: Residents' rights

The following pertaining to residents rights required to be actioned to ensure that residents rights were promoted at all times in the centre:

- there was a waiting list for single bedrooms for long term care residents in the centre. However there was a practice in the centre to allocate some single bedrooms to respite (short stay) residents. This did not promote the rights or preferences of long stay residents to live in single bedrooms
- there had been an incidence of relocation of a residents from a single room to a multi-occupancy rooms to facilitate staff supervision. There was not evidence of consultation with this resident in relation to this in their nursing documentation or from discussion with the resident which did not facilitate the residents right to choice.
- the dining experience for residents in the dining room in Ilen required action as nine dependant residents were accompanied to a sitting room in Ilen for their lunch and were not afforded a positive dining experience. The room was overcrowded and residents were all situated facing the door. The inspector also observed a resident served their lunch on the corridor, which did not promote their rights or privacy and dignity.
- storage of continence products on top of wardrobes in multi-occupancy rooms did not promote a homely environment or promote residents dignity.

Judgment: Not 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	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Skibbereen Community Hospital OSV-0000598

Inspection ID: MON-0039544

Date of inspection: 08/03/2023

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 24: Contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services: All contracts of care will be reviewed and updated and put in place as per Health Act 2007 [be completed by April 17th 2023]</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: Nursing management have organised for the relocation of wardrobes ensuring all are within easy access for the residents [completion date 30th March 2023]. Nursing management have sought costings for the painting of Glandore, Suaimhness, Rath, Creagh and Ilen Suite [expected completion date 30th June 2023].</p>	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan: The identified residents care plan has been reviewed and updated to ensure that the</p>	

wound care treatment required is outlined

The identified residents care plan has been reviewed and updated with an up to date behavioral support care plan that directs care delivery and outlines de-escalation techniques.

The identified residents care plan has been reviewed and updated and the residents prescribed daily nebulisers referenced in the breathing and circulation care plan.

Regulation 7: Managing behaviour that is challenging

Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:

Bed rail usage has reduced from 42.5% to 37.5% since June 2022. The nursing team will continue to monitor and consult with residents to promote further reductions in bedrail usage in accordance with resident's needs.

Regulation 9: Residents' rights

Not Compliant

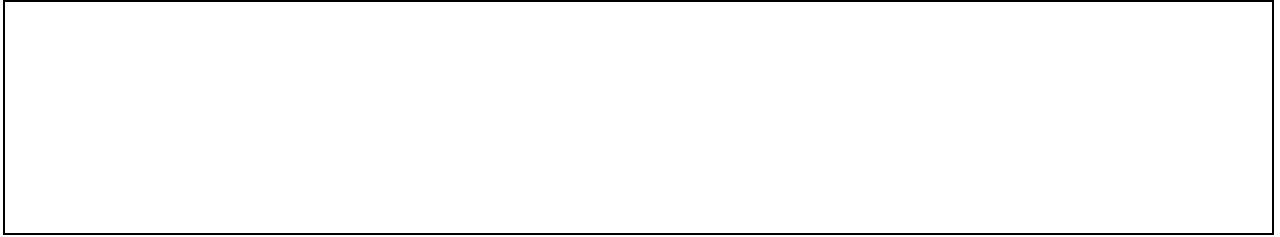
Outline how you are going to come into compliance with Regulation 9: Residents' rights: All single rooms will be prioritised for long stay residents, currently 12 rooms are occupied by long stay residents. One palliative room is available for IP+C and End of Life care

Nursing management will ensure that all consultation with residents in relation to relocation is documented in their nursing notes.

Nursing management have raised awareness with all team members on the issues identified and a review of the dining experience has commenced. WCCAT observations are being conducted by the Clinical Nurse Manager to monitor and support a more enjoyable dining experience.

Nursing management have reviewed practice and new storage space for continence products in multi-occupancy rooms has been designated to ensure a more homely environment.

Management will commit to ensuring that all residents will be meaningfully occupied according to their wishes and resident's choice.



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 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/06/2023
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.	Substantially Compliant	Yellow	17/04/2023

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.	Substantially Compliant	Yellow	04/04/2023
Regulation 7(2)	Where a resident behaves in a manner that is challenging or poses a risk to the resident concerned or to other persons, the person in charge shall manage and respond to that behaviour, in so far as possible, in a manner that is not restrictive.	Substantially Compliant	Yellow	04/04/2023
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.	Not Compliant	Orange	04/04/2023
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure	Not Compliant	Orange	04/04/2023

	that a resident may undertake personal activities in private.			
Regulation 9(3)(d)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may be consulted about and participate in the organisation of the designated centre concerned.	Not Compliant	Orange	04/04/2023