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 Residential Care Centre
Name of provider:	Skibbereen Residential Care Limited
Address of centre:	Baltimore Road, Skibbereen, Cork
Type of inspection:	Unannounced
Date of inspection:	21 August 2026
Centre ID:	OSV-0000280
Fieldwork ID:	MON-0050224

About the designated centre

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

Skibbereen Residential Care Centre provides long-term residential care and respite for residents over the age of 18. The needs of residents range from low-dependency convalescence to full-time nursing care in relation to illness and age-related conditions, such as dementia. The premises are a single-storey building completed in 2004 and located on the outskirts of Skibbereen town in county Cork. The centre is purpose built and contemporary in design with accommodation and facilities in keeping with those set out in the statement of purpose. The centre is registered to provide accommodation for up to 51 residents, comprising 35 single and eight twin-bedded rooms - all equipped with en-suite facilities, personal storage and furniture as required. Facilities include communal indoor recreation areas for residents as well as direct access to a secure, paved outside area with seating and raised planters. The centre also provides an oratory and private visiting space.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	51

How we inspect

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
Friday 21 August 2026	10:10hrs to 17:00hrs	Siobhan Bourke	Lead

What residents told us and what inspectors observed

This was an unannounced inspection carried out to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 (as amended), with a specific focus on adult safeguarding.

During this inspection, the inspector spent time in the centre observing the environment, the care provided, and talking to residents, visitors and staff, to see what life was like for residents, living in Skibbereen Residential Care Centre. From what residents told the inspector and what the inspector observed, residents were supported to have a good quality of life and reported they felt safe living there.

On arrival to the centre, the inspector was greeted by the assistant director of nursing and followed the centre's signing in procedures. The inspector then walked around the centre to meet with residents, staff and any visitors who may be in the centre. Three residents were sitting near the reception area, chatting together and listening to the radio. One of the residents told the inspector that "there was something on all week about nature" as part of the activity programme and it "was great." The inspector saw that some residents were up and ready for the day's activities while others were being assisted with their morning care by staff. One of the local GPs was in the centre reviewing residents who required it.

The inspector observed that the centre was bright, clean and decorated to a high standard. Flooring had been replaced in corridors and bedroom curtains had also been replaced. Many residents' bedrooms were personalised, with items such as pictures and photographs of importance to residents. Communal areas were found to be appropriately decorated, styled and furnished to create a homely environment for residents. New chairs and furniture were noted in the dining room, Cosy Cottage and the day room. A new large smart TV was also available for residents use in the day room.

Residents could freely access the internal courtyard in the centre from the reception area and there was new outdoor seating, tables and umbrellas available in this area for residents' use.

The inspector observed the lunch-time service on the day of the inspection. Residents were asked their preference to dine in the dining rooms or their bedrooms for this meal. A hot trolley had been purchased to ensure that residents who wished to eat in their bedrooms were served hot meals. The menu was displayed on an electronic screen in the dining room, with picture menus displayed, to help inform the choices available on the day. Condiments were available on tables, to support resident's independence. Where support was required, there were enough staff available to assist residents with their meals, and the inspector observed this

assistance was provided in a dignified manner. Residents reported to enjoy the meals.

The inspector met with many of the residents living in the centre and spoke with ten residents in more detail and met with five visitors. Residents spoke of the kindness of staff and one resident told the inspector that "nothing could be better." Residents were able to receive visitors in communal areas or in the privacy of their own bedrooms. Visitors also spoke of the kindness of staff to their relatives. Staff were observed throughout the day to be respectful, courteous, and attentive in their interactions with residents. The inspector saw that staff knocked on residents' bedroom doors, before entering and were heard greeting residents in a friendly manner. It was evident to the inspector that they knew residents' preferences as to how they liked to spend their day.

Staff demonstrated an understanding of residents' rights and supported residents to exercise their rights and choice, and the ethos of care was person-centred. Staff spoken with were clear on who to speak with, should they have any concerns with regards resident's care. Residents confirmed to the inspector that they could go to bed and get up when they choose and when they called for assistance staff replied promptly.

Residents were supported with access to a range of facilities for occupation and recreation in the centre. On the day of inspection, the activity co-ordinator was observed attending to residents in their bedrooms for one-to-one chats and activities. A group of residents were then participating in a planting session where they chose flowers and plants to set in flowerpots. The flowerpots had decorated in art sessions during the week. In the afternoon, an external musician led an old time sing along session with residents in the dayroom, which they appeared to enjoy. Residents had access to newspapers, TVs and internet. A group of residents had recently attended an outing to the local Skibbereen show, where one of the residents displayed blankets they had crocheted. There was a schedule of activities available during the week that included arts and crafts and knitting club, bingo, chair-based exercises and weekly exercise sessions with the visiting physiotherapist and visits from therapy dogs. Mass was celebrated in the centre by a local priest every two weeks. Regular residents meetings were held to seek residents' views on the running of the service.

The following 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 the quality and safety of the service being delivered.

Capacity and capability

This was an unannounced inspection with a focus on adult safeguarding and to review the measures the provider had in place to safeguard residents from all forms of abuse. This inspection found that the management systems in place, to protect residents were effective and consistently monitored. The registered provider ensured that the service was sufficiently resourced to support residents to have a good quality of life.

Skibbereen Residential Care Limited is the registered provider for Skibbereen Residential Care Centre and is registered to accommodate 51 residents. The registered provider company comprises two company directors, who are also involved in the operation of one other designated centre. There was a clearly defined management structure in place with identified lines of accountability and responsibility. The person in charge was full time in their role and had the experience and qualifications required in the regulation. They were supported in their role by an assistant director of nursing, two clinical nurse managers and a team of nursing, care staff, housekeeping, administration and activity staff.

Staffing levels in place on the day of inspection were sufficient to meet the assessed needs of the residents. Records were seen to be maintained and stored adequately and met legislative requirements. Records were made available to the inspector, who noted that they complied with Schedule 2, 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. Registration details for the nursing regulatory body, for each staff nurse working in the centre were in place and Garda vetting was up to date for staff working in the centre.

A review of training records indicated that staff were up-to-date with mandatory training in relation to safeguarding vulnerable residents. Staff were aware of their role in protecting and safeguarding residents and how to report a concern and identify all forms of abuse.

There were good management systems occurring such as clinical governance meetings, staff meetings and residents' meetings. It was clear these meetings ensured effective communication across the service.

The quality and safety of care was being monitored through a system of regular monitoring and auditing of the service, audits included call bell response times, care plans, medication management and falls management. Quality improvement plans were devised from any issues identified.

An annual report on the quality of the service was completed for 2025, and this was completed in consultation with residents. A quality improvement plan was developed to action any areas that required improvement.

Incidents occurring in the centre were recorded on an electronic system and from a review of these records, required notifications were sent to the Chief inspector within the statutory time frame.

There was an accessible and effective procedure in place for managing complaints. Residents were aware of who to raise a complaint with, and felt safe to do so. Staff were also knowledgeable in how to manage a complaint if they received one from a resident or a visitor. From a review of the complaint records, it was evident that they were actioned and managed in accordance with the available procedure.

Regulation 15: Staffing

From a review of staff rosters and from speaking with staff and residents, it was evident that the number and skill mix was appropriate to meet the assessed needs of the 51 residents living in the centre.

Judgment: Compliant

Regulation 16: Training and staff development

The provider ensured that staff were provided with training appropriate to their role including, the management of restrictive practices and the management of responsive behaviours which supported staff in understanding how residents, particularly those living with dementia or other conditions, may communicate or express physical discomfort or distress related to their social or physical environment.Staff also received training on safeguarding vulnerable people. Staff who spoke with the inspector were knowledgeable regarding how to report concerns and had a good awareness of safeguarding procedures.

Judgment: Compliant

Regulation 23: Governance and management

The inspector found that the management systems in place ensured that safeguarding concerns were recorded, investigated, management and effectively monitored to keep residents safe.

There was evidence of adequate resources in the centre to ensure the service delivered was in line with the centre's statement of purpose.

There were clear lines of accountability and responsibility in place to ensure safeguarding was promoted and managed within the centre.

Judgment: Compliant

Quality and safety

This inspection, focused on adult safeguarding, was carried out to review the quality of the service being provided to residents and ensure they were receiving a high-quality, safe service that protected them from all forms of abuse. Overall, the inspector found that the provider was proactive in their approach to safeguarding residents and appropriate measures were in place to meet the safeguarding needs of residents. Residents who spoke with the inspector all spoke positively about living in the centre and the care they received.

The inspector reviewed a sample of resident's records and found that there were arrangements in place to assess residents' health and social care needs upon their admission to the centre, using validated assessment tools. These were used to inform the development of residents' care plans. The inspector observed examples of good person-centred care plans that clearly outlined residents' preferences, including the time they like to go to bed, and their likes and dislikes in respect to food choices and how to spend their day. Care plans were formally reviewed at intervals not exceeding four months or where appropriate, their family. From a review of residents records it was evident that residents had good access to health care services such as GP, physiotherapy, speech and language therapy and dietetic services if required.

Residents who displayed responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment) had care plans in place which reflected trigger factors for individual residents and de-escalation techniques. Staff spoken with were aware of each resident's individual needs and had supports in place to help them to respond appropriately.

From a review of residents' records it was evident that residents who had specialist communication requirements had these recorded in their care plan.

Staff were trained and understood the principles of safeguarding vulnerable adults and their responsibilities in relation to protecting the residents. The inspector verified that there were robust systems in place for the management of residents' personal finances.

There was an up-to-date risk management policy in place which was in line with the regulations. There was a risk register available and it was well maintained with environmental, clinical and safeguarding risks identified and assessed, and measures and actions in place to control the risks.

Residents were encouraged to participate in the organisation of the designated centre through residents' meetings held every three to four months, as well as through the completion of feedback surveys. This ensured that their views were sought with regard the running of the home. Residents could communicate freely and had access to telephones and Internet services throughout the centre. Residents also had access to independent advocacy services. Residents were encouraged to participate in activities of their preference in the centre and to go out with family and friends.

Regulation 10: Communication difficulties

When required, residents had communication care plans developed based on the residents' known communication difficulties, for example; poor eyesight or hearing, impaired speech or their cognitive impairment. The inspector observed staff communicating with residents in an appropriate manner, which ensured that the residents were provided with adequate time to communicate their needs.

Judgment: Compliant

Regulation 17: Premises

The premises were appropriate to the needs of the residents and conformed to the matters set out in Schedule 6 of the regulations. There was a programme of progressive, ongoing maintenance in place. The inspector saw that flooring and some furniture had been replaced since the previous inspection.

Judgment: Compliant

Regulation 26: Risk management

There was a risk management policy in place. This contained all information as set out in Schedule 5. The registered provider had ensured that there was a plan in place for responding to major incidents and serious disruption to essential services. The centre promoted a service which maximised residents' choices and control over their own lives while still protecting their safety as appropriate.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Comprehensive care plans were informed by validated risk assessment tools and were observed to be person-centred, reflecting residents' assessed needs, preferences, and wishes. There was evidence that care plans were reviewed at least every four months, or more frequently where a residents condition changed

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Staff demonstrated up-to-date knowledge in relation to recognising and supporting residents to manage behaviours that may be challenging. Staff supported residents in ways that ensured that support and engagement with residents were respectful.

While a number of restrictive practices such as bed rails were in use in the centre, they were applied only when necessary, in line with policies and procedures, and informed by comprehensive risk assessments. Their application was subject to ongoing oversight by the management team to confirm that any use remained appropriate.

Judgment: Compliant

Regulation 8: Protection

There were arrangements in place to safeguard residents from abuse. A safeguarding policy detailed the roles and responsibilities and appropriate steps for staff to take should a concern arise. Staff were up-to-date with training on safeguarding vulnerable adults. All staff spoken with, were clear about their role in protecting residents from all forms of abuse. The provider was a pension agent for two residents and the inspector saw that there were robust systems in place to protect residents' finances.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were supported to exercise choice and control in their daily lives and were actively involved in decisions about their care and support. Care practices observed

and records reviewed, demonstrated that residents' wishes, preferences, and individual goals informed the supports provided.

There were facilities for residents occupation and recreation and opportunities to participate in activities in accordance with their interests and capacities. Residents expressed their satisfaction with the variety of activities on offer. Residents were encouraged and supported to maintain independence, participate in their local community, and engage in activities of their choosing.

Residents has the opportunity to be consulted about and participate in the organisation of the designated centre by participating in residents meetings and taking part in resident surveys.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant