



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:	13 March 2026
Centre ID:	OSV-0000598
Fieldwork ID:	MON-0049950

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:	39
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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 13 March 2026	09:30hrs to 17:30hrs	Siobhan Bourke	Lead

What residents told us and what inspectors observed

The overall feedback from residents, who spoke with the inspector, was that they were happy living in Skibbereen Community Hospital. Residents were very complementary regarding the kindness of staff and the quality of care they received. During the inspection, the inspector met with many of the 39 residents living in the centre and spoke with 10 residents and three visitors in more detail. One resident told the inspector that staff were "mighty altogether" and another that the resident was "lucky to have them." Visitors who spoke with the inspector also gave very positive feedback on the care and kindness their loved ones received from staff.

Skibbereen Community Hospital is a single-storey designated centre laid out over one floor, which is registered for 40 residents. Bedroom accommodation in the centre was divided into named units, using names from the local areas around West Cork such as Glandore, Fastnet, Abbey, and Ilen. Bedroom accommodation consists of six four bedded rooms, one triple room and 13 single rooms. The inspector observed that the majority of residents' bedrooms were personalised with pictures and memorabilia from home. The inspector saw that much of the centre had been painted, since the previous inspection, and that there was an ongoing programme of maintenance to ensure the upkeep of the centre. A room in the centre had been repurposed as a hair salon, so that residents could have a nice experience when the hairdresser attended. The inspector saw that this room was fitted with a hair salon style sink standing hairdryer and a nail bar. The room was nicely decorated. There was a number of communal spaces in the centre that were furnished with chairs, homestyle dressers and were well maintained, to give the centre a homely feel. Decorations for St. Patrick's day were displayed in the dining room and the day room. The inspector saw that a hoist was stored in the family room and one of the bathrooms was also cluttered with equipment. This is outlined further in the report.

During the day, the inspector spent time observing residents' daily lives and their interactions with staff. The inspector saw that residents choices were respected by staff and it was evident that staff knew residents' preferences and likes well. Staff were observed knocking before entering residents' bedrooms and were respectful in their interactions with residents. In the morning, the activity co-ordinator led a chair exercise session with a number of the residents which residents appeared to enjoy. Following this, many of the residents attended the day room for a lively sing song with an external musician, while the activity co-ordinator encouraged residents to sing along. Resident who spoke with the inspector were aware of the activities available and told the inspector they could attend the ones they liked. Other residents choose to spend the day in their own company reading, watching TV or listening to the radio. Residents who did not enjoy social activities and preferred their own company told the inspector that the activities staff came to visit them daily for a chat. In one of the four bedded multi- occupancy rooms, the televisions were a distance from two of the residents' beds, whereby it would be difficult for them to

watch the TV, if the other resident's screens were closed. The management team agreed to review this following the inspection.

The inspector saw that the dining experience was a sociable one in both dining rooms. Residents chatted together and with staff in the main dining room and residents appeared to enjoy the lunch time and evening meal. Residents who required assistance were provided with this, in a respectful and unhurried manner. The inspector saw that there were three choices for the lunch time meal and two choices for the evening meal. Residents gave very positive feedback regarding the temperature, quality and variety of food available to them. Home baked brown bread and cakes were also provided to residents and many of the residents told the inspector that the pancakes for the evening meal were very tasty.

The inspector saw that residents who required specialised seating and equipment were provided with this. Residents who were in their bedrooms during the day had a call bell within easy reach. Residents who spoke with the inspector confirmed that there was no delay, if they called staff for assistance. The inspector saw that there was a high usage of restrictive practices such as bed rails in use in the centre. This will be discussed further in the report.

Visitors were welcomed in the centre and visitors who spoke with the inspector confirmed that there was no restrictions in place. Visitors were seen in residents' bedrooms and communal areas and also attended the family room, where there were tea and coffee making facilities available.

Residents' views and opinions were sought through resident meetings and satisfaction surveys, and residents felt that they could approach any member of staff if they had any issue or problem to be solved. Residents who spoke with the inspector reported feeling safe living there. Residents had access to advocacy services.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered.

Capacity and capability

Overall, the findings of this inspection were that that Skibbereen Community Hospital was a well-managed centre, where there was a focus on ongoing quality improvement, to enhance the lived experience of residents. The inspector found that staff and management working in the centre worked to ensure residents were provided with person-centred care and support.

This was an unannounced inspection to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older

people) Regulations 2013 and to follow up on the findings of the previous inspection. The registered provider for Skibbereen Community Hospital is the Health Service Executive (HSE). There was a clearly defined management structure in place. The person in charge worked full-time in the centre and was supported by a clinical nurse manager and a team of nursing, health care, household, catering, and administrative staff. The person in charge reports to a head of service & Integrated health care area lead in the HSE, who was available for consultation and support on a daily basis. The service is also supported by centralised departments, such as human resources, fire and estates and practice development. There was evidence of good communication, with monthly quality and patient safety meetings, to discuss all areas of governance and risk.

The provider had been granted a certificate of renewal of registration of the centre effective from June 2024. As part of this process the Chief Inspector assesses the governance and management arrangements of the registered provider. Although it was evident that there was a defined management structure in place and the lines of authority and accountability were outlined in the centre's statement of purpose, the senior managers, with responsibility for the centre, were not named as persons participating in management on the centre's registration. A restrictive condition was placed on the centre's registration requiring the provider to review these arrangements and was afforded until October 31st 2024 to do so. At the time of this inspection, notification of the person participating in management had been received and information required under Schedule 2 of the regulations was awaited to progress the notification. This is actioned under Regulation 23; Governance and management.

The provider submitted an application to vary condition one of the centre's registration and the required information was submitted. This application was to adapt a room to a hair-salon for residents living in the centre and to convert the old pharmacy room to a storage room. The required information was submitted to support the application.

On the day of the inspection, there were adequate resources, in terms of staffing, to ensure the effective delivery of care in accordance with the statement of purpose and to meet residents' individual needs. Staff with whom the inspector spoke were knowledgeable of residents and their individual needs. Staffing levels were kept under consistent review by the management team.

There was a training programme in place for staff, which included mandatory training and other aspects of practice, such as end of life care and training on detecting deterioration in residents to support the provision of quality care. A review of records found that staff had completed training including fire safety, safeguarding vulnerable persons, patient moving and handling and managing responsive behaviour. The clinical nurse manager was a trained facilitator for managing residents with responsive behaviour.

The inspector found that records were stored securely and from examination of a sample of four staff files, staff records contained the information required in Schedule 2 of the regulations.

There was a complaints procedure in place, which met the requirements of the regulations. The inspector saw that there was a low level of complaints in the centre and these were actioned appropriately. A review of complaints records found that complaints were managed in line with the requirements of Regulation 34.

The management team and staff in the centre demonstrated a commitment to continuous quality improvement through a system of ongoing monitoring of the services provided to residents. This included a variety of clinical and environmental audits and high levels of compliance with these audits was reflected in the findings of the inspection.

An annual review of the quality and safety of care in 2025 had been prepared in consultation with the residents.

Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration

The provider applied to vary condition one of the centre's registration. The required information was submitted to support this application.

Judgment: Compliant

Regulation 15: Staffing

The number and skill mix of staff was appropriate to meet the assessed needs of the 39 residents living in the centre on the day of inspection.

Judgment: Compliant

Regulation 16: Training and staff development

There was close monitoring of the uptake of training by the management team. From a review of the training matrix and from speaking with staff, it was evident that staff were supported to attend training appropriate to their role. Staff were provided with face to face training with regard to safeguarding vulnerable persons, fire training and responsive behaviour. A number of staff participated in a national programme with regard to providing end of life care for residents. Staff were also

provided with onsite training on communication skills to promote person- centred care.

Judgment: Compliant

Regulation 21: Records

All records outlined in Schedule 2, 3 and 4 of the regulations were found to be stored in a safe and accessible format on the day of the inspection. Staff personnel files contained the necessary information, as required by Schedule 2 of the regulations, including evidence of a vetting disclosure, in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had not complied with the restrictive condition placed on the centre's registration. This condition stated that: "The registered provider shall, by 31 October 2024, submit to the Chief Inspector the information and documentation set out in Schedule 2 of the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 as amended, in relation to any person who participates or will participate in the management of the designated centre.' While the registered provider submitted the required notification to the office of the Chief Inspector in the week preceding the inspection regarding the nomination of a person participating in the management of the centre, required information to proceed with the notification had not been submitted.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

An updated statement of purpose was submitted to support the application to vary condition one of the centre's registration and this contained the information required in Schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

Records of incidents and accidents occurring in the centre was maintained in paper format. The inspector reviewed these records and saw that required notifications were reported to the office of the Chief Inspector.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints procedure was displayed in the centre and easily accessible for residents and their visitors. The person in charge was the nominated complaints officer for the provider. There was a low incidence of complaints reported; these were recorded and actioned by the person in charge.

Judgment: Compliant

Quality and safety

The inspector found that residents living in Skibbereen Community Hospital were supported to have a good quality of life and had good access to medical and healthcare services. Residents were consulted on the running of the service through regular residents meetings and surveys. Some further action was required with regard to premises, managing behaviour that is challenging, as outlined under the relevant regulations.

The inspector reviewed a sample of five care plans and saw that residents had a care plan developed within 48 hours of admission as required. Validated assessment tools were used to direct care planning. Care plans were found to be person-centred and included residents' preferences and were detailed enough to direct care.

Residents had very good access to medical services through local General practitioner practices, and a GP was on site four days a week, reviewing residents as required. Residents had access to appropriate equipment such as pressure relieving mattresses and manual handling equipment. It was evident that when residents required review from health and social care professionals such as occupational therapist, speech and language therapists and dietitians, residents were referred and reviewed in a timely manner.

Staff were provided with training on managing and responding to residents with responsive behaviours. The inspector saw that engaged with residents in a respectful and kind manner. The inspector reviewed the register of restrictive practices such as bedrails in the centre and saw that these had increased over the previous 12 months; this is detailed under Regulation 7; Managing Behaviour that is challenging.

The centre had a number of well-maintained communal spaces and private spaces that residents could use throughout the centre. A room in the centre had been redesigned as a hair dressing room and nail bar, so that residents could have their hair styled in an appropriate area since the previous inspection. The inspector saw that storage required review in the centre, as equipment remained inappropriately stored in the centre as outlined under Regulation 17; Premises.

Measures were in place to protect residents from being harmed or suffering abuse. Staff who spoke with the inspector were knowledgeable regarding safeguarding of vulnerable adults and how to raise a concern. Staff were up to date with training on safeguarding appropriate to their role.

The inspector examined the fire safety folder and saw that quarterly and annual certification of fire equipment and fire alarm systems were available. Staff were up to date with fire safety training.

Medicines were seen to be appropriately stored and nurses were observed administering medications in line with professional guidelines.

Residents living in the centre had access to advocacy services if required. There was a full time activity co-ordinator who facilitated the activity schedule. Residents' views were sought on the running of the centre through regular residents' meetings and surveys.

Regulation 17: Premises

Action was required to ensure the centre had adequate storage as the inspector saw equipment stored in a family room and a bathroom was also full of equipment which impacted the availability of these spaces for residents.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Staff were provided with annual fire safety training. The fire folder was examined and records of quarterly and annual servicing of the fire alarm and equipment was

available. Daily checks of exits and weekly checks of the fire alarm were recorded in the centre.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

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. Medication administration charts and controlled drugs records were maintained in line with professional guidelines.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

The inspector saw that while care plans were very person centred and sufficiently detailed to direct care, a wound care plan did not consistently record evaluations to determine if the wound was improving or deteriorating. The management team agreed to review this on the day of inspection.

Judgment: Compliant

Regulation 6: Health care

Residents had good access to general practitioners (GPs), allied health professionals such as speech and language therapy, physiotherapy, dietetics and occupational therapy, and specialist medical and nursing services. Residents had access to aids and appliances to maximise their independence and reduce risks, such as falls and pressure ulcers.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The inspector found that the level of usage of bedrails had increased over the previous 12 months from six to ten residents, with over 25 % of residents using two bedrails. While assessments were noted to be recorded every four months, these did

not demonstrate that any alternatives were trialled as part of these reassessments, to ensure that residents were provided with the least restrictions when living in the centre.

Judgment: Substantially compliant

Regulation 8: Protection

The person in charge ensured staff were provided with training on safeguarding vulnerable adults. Residents who spoke with the inspector confirmed that they felt safe living in the centre. Any allegations of abuse were investigated and actioned by the person in charge.

Judgment: Compliant

Regulation 9: Residents' rights

Residents rights were promoted and respected by staff and management working in the centre. Residents who spoke with the inspector confirmed that they could get up and go to bed at a time of their choosing. Residents were consulted on the running of the centre through residents meetings and surveys. Residents who spoke with the inspector gave very positive feedback regarding the variety of activities available to them during the week. Residents had access to independent advocacy services as required. As part of the residents meetings, speakers from independent advocacy groups and other support services such as Assisted decision making team members also attended residents meetings to keep them informed of their rights and choices.

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	
Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Skibbereen Community Hospital OSV-0000598

Inspection ID: MON-0049950

Date of inspection: 13/03/2026

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 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Engagement between HIQA and Senior Management has taken place, and a decision re PPIM has been agreed. The PPIM for Skibbereen Community Hospital has been identified as the named Operations Manager HSE South and Southwest. NF31 and personal information form has been completed.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: The storage of equipment in the family room and the bathroom has ceased following this inspection. The person in charge has identified a more suitable storage location for equipment. Completion date 30/04/2026	

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: Nursing management have commenced a review of bedrail usage within the centre and exhausted all alternatives to reduce usage. All bedrail documentation will be reviewed to ensure that alternatives trailed are documented. (Expected date of completion 30/04/2026). On site training - Guidance on Promoting a Care Environment that is free from restrictive practice is scheduled for 17/06/2026.	

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	30/04/2026
Regulation 23(1)(b)	The registered provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.	Substantially Compliant	Yellow	30/04/2026
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance	Substantially Compliant	Yellow	30/06/2026

	with national policy as published on the website of the Department of Health from time to time.			
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