



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:	20 January 2026
Centre ID:	OSV-0000280
Fieldwork ID:	MON-0047857

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
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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
Tuesday 20 January 2026	09:45hrs to 18:00hrs	Siobhan Bourke	Lead

What residents told us and what inspectors observed

On the day of inspection, the inspector found that residents living in this centre were well cared for and supported to live a good quality of life, by a dedicated team of staff who were knowledgeable regarding residents' needs. There was a human rights, person-centred approach in place which ensured that residents were respected. The inspector met with many of the residents and spoke with nine residents in more detail. The inspector also met with five visitors. Feedback from residents and visitors was that staff were very kind and respectful and "couldn't be nicer."

The inspector arrived unannounced to the centre and followed the centre's signing in procedures. Information was displayed on the main door, indicating to visitors that there was an outbreak in the centre and that wearing of face masks was recommended. The inspector walked around the centre to meet with residents and staff and observe staff interactions with residents.

Skibbereen Residential Care Centre is located on the outskirts of Skibbereen town. It is registered to accommodate 51 residents in 35 single rooms and eight twin rooms, all of which have an en-suite shower, hand-wash basin and toilet facilities. The privacy curtains in the twin rooms had been replaced since the previous inspection. Many of the residents' bedrooms were personalised with family photographs and items of significance to residents. The inspector saw that there was a rolling maintenance programme in place for the upkeep of the centre. This included a plan to replace the flooring in the oratory and two of the bathrooms in the centre, the day following the inspection and a plan to replace the flooring in the centre's corridors in the coming months. The inspector saw that residents' bedrooms and communal areas were clean. The housekeeping staff confirmed with the inspector that they had an enhanced cleaning regime in place for the duration of the outbreak of respiratory infection, that was ongoing in the centre.

There was a sufficient choice of suitable communal areas provided for residents to use, including the library, a large day room, a cosy cottage sitting room, a dining room and an oratory. The cosy cottage had been refurbished since the previous inspection and had a number of new arm chairs and a large screen TV for residents' use. The oratory was laid out as a peaceful space and was ready for a member of the local community's Legion of Mary to recite the rosary with residents on the morning of inspection.

The inspector observed the lunch time meal and saw that meals were well-presented and looked nutritious and wholesome. The menu was displayed in the dining room in both written and picture format. Residents attending the dining room were chatting together and with staff during the meal and appeared to have a sociable dining experience. Many of the residents chose to eat in their bedrooms, while residents who required assistance were provided with this by staff. Residents

told the inspector that they were satisfied with the choice and amount of food available to them.

The inspector spent time in the various areas of the centre, chatting with residents and staff, and observing staff provide care and support to residents. There was a warm and friendly atmosphere and residents appeared very content as they went about their daily lives. Many of the residents were recovering from the recent respiratory outbreak. Residents who had a cognitive impairment and who couldn't talk to the inspector, appeared content in the company of staff. Visitors to the centre were observed to wear face masks and spoke very positively regarding the care and attention, residents received from staff working in the centre. The staff who spoke with the inspector were aware how to raise a concern with the management team and outlined how the recent increase in care hours was beneficial, considering the increased dependency of residents living in the centre. In the morning, a general practitioner from a local practice was on site reviewing residents and in the afternoon, a consultant psychiatrist was also in the centre to provide assessments to residents who required it.

The provider employed two activity staff, who facilitated the activity schedule for the centre. On the morning of the inspection, the activity staff member on duty was attending residents' bedrooms, doing one-to-one room visits and then attended the day room; reading newspapers with residents and assisting residents with art. This was followed by an exercise session in the day room.

In the afternoon, a musician attended the centre for a music and sing song session with residents. Other activities in the centre included bingo, yoga, an exercise class with the physiotherapist, local community musicians and singers and arts and crafts sessions. A therapy dog visited the centre on Wednesdays and mass was celebrated in the centre by a local priest on Sundays as well as services from local Church of Ireland clergy. Residents' meetings were held in the centre every quarter, where residents' views on the running of the centre were sought. The provider also surveyed residents and families twice a year.

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

Capacity and capability

This unannounced inspection was carried out by an inspector of social services to monitor compliance with the Health Act 2007 (Care and welfare of residents in designated centre for older people) Regulation 2013 (as amended). The findings of this inspection were that this was a well-managed centre, where residents were

supported and facilitated to have a good quality of life. Findings from the previous inspection of the centre had been actioned by the provider.

Skibbereen Residential Care Limited is the registered provider for Skibbereen Residential Care Centre and is registered to accommodate 51 residents. The registered provider 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. The assistant director of nursing had left the centre and this position was now filled by one of the clinical nurse managers who had been promoted. There were two clinical nurse managers working in the centre, who worked alternative weekends to provide supervision to staff working at weekends. The person in charge was also supported with the operational management of the centre by a full time operations manager, who was also designated as a person participating in management. There was a team of nursing, care staff, housekeeping and activity staff working in the centre as well as administration and maintenance support.

The provider ensured the service had sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose. From a review of the rosters and speaking with staff and residents in the centre, the number and skill mix was appropriate to meet the assessed needs of the 51 residents living in the centre. The provider had increased the number of carers rostered over the seven days of the week as the dependency levels of residents had increased.

Staff were appropriately supervised in their respective roles and a schedule of both face-to-face and online training was provided for staff. Uptake of this training was closely monitored by the management team.

The provider had systems in place to monitor the quality and safety of care provided to residents. Key clinical risks to residents were monitored such as the falls, development of pressure ulcers, weight loss, transfer to hospital and rates of infections. A range of clinical and environmental audits had been completed. In addition, action plans as a result of audit findings were created to drive quality improvement which ensured that lessons were learnt and the learning were implemented.

There were effective communication systems in place to ensure staff were informed of changes in residents' condition or service changes. The provider and person in charge held regular meetings with staff groups to ensure they were aware of any changes or to update them on aspects of the service.

A complaints procedure was displayed in the centre. The person in charge held responsibility for the review and management of complaints. At the time of inspection all logged complaints had been resolved and closed.

A record of incidents occurring in the centre was maintained electronically. From a review of the incident log maintained at the centre, incidents were notified to the Chief Inspector in line with legislation.

Regulation 15: Staffing

From a review of rosters and from speaking with staff and residents, it was evident that the number and skill mix of staff was appropriate to meet the assessed needs of the 51 residents living in the centre, at the time of inspection. The provider had recently increased the number of carers rostered each day, in response to the increasing dependency levels of the residents, living in the centre.

Judgment: Compliant

Regulation 16: Training and staff development

Staff demonstrated appropriate knowledge with regard to the safeguarding of vulnerable people, fire safety, and manual handling. There were arrangements in place for the ongoing supervision of staff, through the nursing management structure and person in charge. A number of staff had recently completed a national programme on supporting residents with end of life care and spoke about how this course had positively impacted the care provided to residents, who were nearing end of life.

Judgment: Compliant

Regulation 23: Governance and management

There were sufficient resources in place in the centre on the day of the inspection to ensure effective delivery of appropriate care and support to residents. There was a clearly defined management structure in place with identified lines of authority and accountability.

The provider had management systems in place to ensure the quality of the service was monitored. The provider was committed to quality improvement. The inspector found that when gaps were identified, through monitoring and auditing of the service, the management team actioned these, to implement any changes required to improve the service. For example, staffing resources had recently increased in response to the increasing dependency of residents.

Judgment: Compliant

Regulation 24: Contract for the provision of services

A sample of four contracts of care were reviewed. Each contained the necessary information required by regulation including services provided, bedroom number, type of accommodation and any additional fees required.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents that required notification to the Chief Inspector had been submitted, as per regulatory requirements.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had an accessible and effective procedure for dealing with complaints, which included a review process. The required time lines for the investigation into, and review of complaints was specified in the procedure. The procedure was displayed in the centre. A records of complaints was maintained in the centre in line with the requirements of the regulation.

Judgment: Compliant

Quality and safety

Residents living in Skibbereen Residential centre received care and support which ensured that they could enjoy a good quality of life. Following the last inspection, the provider had taken action with regard to infection control, food and nutrition and premises to bring the centre into compliance with these regulations.

An individualised care plan was developed for each resident, within 48 hours of admission to the centre. The inspector reviewed a sample of residents' nursing care

records. Care plans reflected the individual assessed needs of residents and what interventions were required to ensure person-centred quality care. Daily progress notes demonstrated appropriate monitoring of the residents' care needs and the effectiveness of the care provided. Further action was required to ensure that residents' care plans were consistently updated when a resident's condition changed as outlined under Regulation 5; Individual assessment and care plan.

Residents were provided with access to appropriate medical care, with residents' general practitioners providing on-site reviews. Residents were also provided with access to other health care professionals, in line with their assessed needs.

The provider had systems in place to ensure residents' nutritional status was effectively monitored. Staff were knowledgeable regarding the nutritional needs of individual residents. Residents who were assessed as being at risk of malnutrition were supported by appropriate health and social care professionals when necessary. There were sufficient amounts of food and drink available to residents at all times. Residents were provided with a choice of meals from a menu that was updated daily. Food was properly and safely prepared, cooked and served including specialist consistency meals.

There were arrangements in place to safeguard and protect residents from the risk of abuse. A safeguarding policy detailed the roles and responsibilities of staff, and the appropriate steps to take, should a concern arise. All staff spoken with, were clear about their role in protecting residents from abuse.

The person in charge was the designated lead for infection prevention and control for the centre. Two members of the nursing management team had completed link nurse training to support the person in charge with this role. There were adequate resources available to ensure that residents' bedrooms and communal areas were cleaned daily and deep cleaned regularly. Housekeeping staff who spoke with the inspector were clear regarding the required cleaning processes during an outbreak.

Residents who experienced responsive behaviours were supported in a respectful and dignified manner. The use of restrictive practices was closely monitored by the nursing management team and alternatives to bed rails such as low beds and crash mats were evident.

Residents' rights were protected and promoted in the centre. Choices and preferences were seen to be respected. Regular residents' meetings were held, which provided a forum for residents to actively participate in decision-making and provide feedback regarding the service they received.

Regulation 11: Visits

There was a number of visitors coming and going to the centre on the day of inspection. Visitors and residents told the inspectors that there was no restrictions

on visiting. Residents could meet their visitors in the communal rooms, the library or in their bedrooms in line with their preferences.

Judgment: Compliant

Regulation 13: End of life

The person in charge ensured that residents, who were approaching end of life, were provided with appropriate comfort and care and that the spiritual, physical and emotional needs of the resident concerned were met. Family members were supported to be with the residents and were provided with comfort and support from staff.

Judgment: Compliant

Regulation 17: Premises

The premises was designed and laid out to meet the individual and collective needs of residents. The centre was clean and well maintained and it met the requirements of Schedule 6 of the regulations. There were sufficient communal spaces for residents and their visitors to enjoy.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents had access to adequate quantities of food and drink. A varied menu was available daily providing a range of choices to all residents including those on a modified diet. Residents were monitored for weight loss and were provided with access to dietetic services, when required. There were sufficient numbers of staff to assist residents at mealtimes.

Judgment: Compliant

Regulation 27: Infection control

The inspector saw that the provider had actioned the findings of the previous inspection with regard to infection prevention and control. New clinical handwash

sinks, that were in line with HBN guidance, had been installed in the two sluice rooms and replacement of the sink in the clinical room was underway. The outbreak of respiratory infection was being managed in line with national guidelines and the inspector saw that line listing was maintained and reported to the local public health department daily. Enhanced cleaning schedules were in place and extra laundry staff were also rostered to assist with outbreak management.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

While overall, the inspector found that care plans were person centred, action was required to ensure that care plans were updated when a resident's condition changed. For example, where a resident had developed a wound their care plan was not updated to reflect this change.

This may lead to errors in care delivery.

Judgment: Substantially compliant

Regulation 6: Health care

Residents were provided with a good standard of evidence based health and nursing care and support. Residents had timely access to a general practitioner from local practices. Residents also had good access to other allied health professionals such as physiotherapy, speech and language therapists, a dietitian and specialist medical services such as community palliative care and community mental health services as required.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

A restraint-free environment was supported in the centre. Each residents had a full risk assessment completed prior to any use of restrictive practices and there was evidence of alternatives such as low beds and crash mats in use in the centre. Assessments were completed in consultation with the residents and multidisciplinary team.

Judgment: Compliant

Regulation 8: Protection

There were systems in place to safeguard residents and protect them from the risk of abuse. Safeguarding training was up-to-date for all staff and a safeguarding policy provided staff with support and guidance in recognizing and responding to allegations of abuse. Residents reported that they felt safe living in the centre. The provider acted as a pension agent for three residents living in the centre and there were robust systems in place for managing residents' finances.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' choice was respected and facilitated in the centre. The provider ensured that residents were supported to exercise choice in relation to their care and daily routines. Residents had access to facilities for occupation and recreation in the centre and were supported to maintain links with the local community. Residents had access to advocacy services when required.

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
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	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	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Skibbereen Residential Care Centre OSV-0000280

Inspection ID: MON-0047857

Date of inspection: 20/01/2026

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 5: Individual assessment and care plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan: Care plans will be updated as soon as a resident's condition has changed.]	

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 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	21/01/2026