

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	Skibbereen Residential Care Centre
Centre ID:	OSV-0000280
Centre address:	Baltimore Road, Skibbereen, Cork.
Telephone number:	028 23 617
Email address:	info@skibbcare.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Skibbereen Residential Care Limited
Provider Nominee:	Don Cahalane
Lead inspector:	Mairead Harrington
Support inspector(s):	None
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	49
Number of vacancies on the date of inspection:	1

About Dementia Care Thematic Inspections

The purpose of regulation in relation to residential care of dependent Older Persons is to safeguard and ensure that the health, wellbeing and quality of life of residents is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer and more fulfilling lives. This provides assurances to the public, relatives and residents that a service meets the requirements of quality standards which are underpinned by regulations.

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care.

Please note the definition of the following term used in reports:
responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

Compliance 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
27 June 2017 09:45	27 June 2017 17:30
28 June 2017 09:30	28 June 2017 15:45

The table below sets out the outcomes that were inspected against on this inspection.

Outcome	Provider's self assessment	Our Judgment
Outcome 01: Health and Social Care Needs	Compliance demonstrated	Compliant
Outcome 02: Safeguarding and Safety	Compliance demonstrated	Compliant
Outcome 03: Residents' Rights, Dignity and Consultation	Substantially Compliant	Compliant
Outcome 04: Complaints procedures	Substantially Compliant	Compliant
Outcome 05: Suitable Staffing	Non Compliant - Moderate	Non Compliant - Major
Outcome 06: Safe and Suitable Premises	Substantially Compliant	Compliant

Summary of findings from this inspection

This inspection report sets out the findings of a thematic inspection that focused on six specific outcomes relevant to dementia care. The purpose of the inspection was to focus on the care and quality of life for residents with dementia living in the centre. As part of the thematic inspection process, providers were invited to attend information seminars provided by HIQA. In addition, evidence-based guidance was developed to guide providers on best practice in dementia care and the inspection process. The provider had submitted a completed self-assessment on dementia care, along with relevant policies and procedures, prior to the inspection. The inspection was unannounced and took place over two days. The inspector was available to speak with residents and relatives during the inspection, some of whom came and spoke individually with the inspector. Staff were observed in the conduct of their daily duties and the inspector discussed with them their understanding of the needs

of residents. The inspector also met with the person in charge, clinical nurse managers and nursing staff who were in attendance on both days of the inspection. Of the 49 residents who were in the centre on the days of the inspection, 34 had either a confirmed diagnosis of dementia or were presenting with the symptoms of cognitive impairment. The person in charge confirmed that the centre was well supported by the services of a consultant geriatrician and general medical practitioner. The centre did not have a specific residential dementia unit and resident care was integrated throughout. The inspector reviewed a number of care plans of residents with dementia, including processes around assessment, referral and monitoring of care. The inspector also observed care practices and interactions between staff and residents during the inspection that included the use of a standardised observation recording tool. Relevant documentation such as policies, medical records and staff files were also reviewed.

The centre was operated by Skibbereen Residential Care Ltd and responsibility for overall governance rested with the directors of the company. Care was directed through the person in charge, with accountability to a nominated representative of the company. The service had completed a dementia care self-assessment form in advance of the inspection. The self-assessment form compared the service with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 and the National Standards for Residential Care Settings for Older People. The self-assessments are referenced in the respective outcomes of the inspection. Overall, the inspection established a very good level of care for all residents with appropriate provisions in place to meet the specific needs of residents with dementia or a cognitive impairment. Some areas for improvement were identified in relation to training and vetting requirements. These are outlined in the relevant outcomes of the report. In relation to residents' healthcare and nursing needs the inspection findings were positive with a high standard of care in evidence where assessed. The person in charge was present throughout the inspection and was responsive in providing information and responding to queries. Effective and appropriate communication and interaction between staff and residents with dementia or cognitive impairment was noted throughout the inspection.

Compliance with Section 41(1)(c) of the Health Act 2007 and 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.

Outcome 01: Health and Social Care Needs

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

As part of the inspection preparation process the provider had self-assessed compliance in relation to health and social care; this component was also found compliant on inspection. The provider had identified areas for increased focus that included the timeframe around assessment on admission and the development of input by healthcare assistants in this process. This outcome addresses healthcare in greater detail, the social care of residents with dementia is comprehensively covered in Outcome 3.

Management explained that the care planning process was in the final stages of transition from a paper based format to an electronic system. The inspector reviewed processes around the management of this transition with the person in charge and other senior staff. The arrangements in place ensured the information was appropriately managed and transferred. The person in charge explained the admission process that included consultation with the resident and family, as well as any referring authorities, such as the public health nurse. Processes around admission reflected the admission policy in place. On admission residents were comprehensively assessed across 15 domains of care that reflected the full range of residents needs around daily care and circumstances of health. Standardised assessment tools were used to evaluate the requirements of residents in relation to key components of care such as cognition, communication, mobility and pain, for example. Care plans were developed and implemented in line with these assessments. Care plans were updated to reflect the changing needs of residents, and all were reviewed on a four monthly basis. The inspector reviewed the care planning system and found that it provided an accessible and effective oversight of the care of an individual at any given time. A sample of care plans for residents with a diagnosis of dementia was tracked during the inspection. These care plans reflected a diverse range of needs across the resident profile. The records reviewed indicated that all residents were attended regularly by a medical practitioner. Assessed needs were kept under review and the centre had access to allied healthcare intervention as required. Validated assessment tools were used to inform and review related care plans in areas such as pain, skin integrity, nutrition and risks in relation to falls, for example. Staff spoken with understood the importance of accurately recording the care given and changes noted. Nursing notes reviewed on the system

reflected regular entries of relevant, individualised information.

The centre was well resourced and effective access to the services of allied healthcare professionals were in place. A physiotherapist attended the centre on a weekly basis. Appropriate arrangements were in place to support residents in accessing dental and optician services as required. A chiropodist attended regularly. The care plan of a resident with diabetes reflected regular monitoring of blood sugar levels, regular review by a medical practitioner and attendance at a podiatrist as part of a follow up plan on a recovered foot wound. Specialised advice was available for the management of wounds and skin issues and the centre could access the services of a tissue viability nurse.

The person in charge explained that occupational therapy services were accessible by appointment and that residents were appropriately assessed where the use of specialised equipment was recommended. Residents were regularly monitored with routine observations recorded at least monthly. Measures to maintain ongoing good health were in place including an annual 'flu vaccine programme. The centre provided a comprehensive profile of the health, medication and communication needs of any resident requiring transfer to hospital.

The inspector reviewed policy and practice around systems to ensure that the nutritional needs of all residents were well met. All residents were appropriately assessed for nutritional needs on admission and were subsequently reviewed regularly. The care plans of those residents with dementia that were reviewed contained relevant assessments, including risk in relation to swallow issues for example. Summarised information on special diets, such as diabetic and fortified diets or fluid thickeners, was easily accessible for reference by both catering and healthcare staff. Members of staff spoken with had received training on how to manage the needs of a resident with dysphagia (difficulty swallowing), and understood how to reference, and follow, a related care plan. Training had also been provided on how to modify the consistency of food and drink where necessary, and members of staff spoken with were able to demonstrate this understanding to the inspector. The menu was changed regularly and residents were seen to be provided with a regular choice of freshly prepared food. Residents on a modified diet could choose from the same menu and these meals when served were tastefully presented. Resident weights were recorded on at least a monthly basis. Throughout the inspection residents were seen to be provided with regular snacks and drinks.

A comprehensive policy was in place on the delivery of care at end of life that had been reviewed in 2016. The person in charge explained that a care plan template developed by a hospice service was provided to residents and families for completion as part of the admission process. This information was reviewed, if appropriate, according to the expressed wishes of residents or their families. There was good evidence that practice and systems to prevent unnecessary hospital admissions were in place. Records of consultation were in place that reflected the consideration of circumstances for individual residents as to whether they might wish to remain at the centre or transfer to hospital. The inspector reviewed end-of-life care arrangements with the person in charge who confirmed that nursing staff were trained in the use of a syringe driver and that the services of a palliative care team, from a nearby hospital, were accessible. There had been no occasion to avail of this service since the previous inspection.

The inspector reviewed processes in relation to the management of medicine with a member of nursing staff. These were safe and in accordance with current guidelines and legislation. The staff member was able to explain practice and procedure in relation to the safe storage and control of all medicine. Where medicines were refrigerated, a record of temperatures was maintained and monitored. Prescription and administration records for residents were maintained appropriately and included a photograph, as well as other necessary biographical information. Practice in relation to administering medicines was safe and in keeping with guidelines. Times of administration were recorded and signed as necessary. A signature bank of prescribing staff was in place for reference. Individual medicines were supplied in a blister pack. Nursing staff explained that, where residents had a cognitive impairment, practice was to explain to the resident that they were about to be given their medicine and to remain with the resident while they took the medicine. No residents were self-administering at the time of inspection. Nursing staff also explained that, where a resident might refuse a medicine, practice was that it would be offered again at a later time; if refusal persisted, the information would be recorded on the administration sheet and referred to the prescriber for review. Based on observations, feedback and a review of documentation and systems, there was good evidence that suitable arrangements were in place to ensure that the health and nursing needs of residents with dementia, or a cognitive impairment, were appropriately met.

Judgment:
Compliant

Outcome 02: Safeguarding and Safety

Theme:
Safe care and support

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

As part of the thematic inspection preparation, the centre returned a comprehensive policy on the prevention, detection and response to abuse that had been reviewed in 2016. Additionally policies on the management of responsive behaviours and the use of restraint had also been reviewed in the past year. The provider had recorded compliance in the self-assessment of this outcome. The inspector also returned compliance against the components of this outcome assessed during the inspection. The provider had taken appropriate action to address the issues identified on previous inspection and all recording processes around the administration of resident finances were in keeping with related policies.

Relevant systems were in place at the centre to support the safety and protection of residents. These included provisions in relation to the general security of the premises

and residents, as well as policies and procedures that reflected national policy and statutory requirements around safeguarding generally. The inspector spoke with members of staff who understood their duties of care. A training programme was in place with staff having received training in safeguarding and protection in February and May of this year. Procedures for recording and investigating allegations were in place and a nominated member of staff had designated responsibility for reporting any such incidents.

Related policy and procedures were in place on the management of resident finances and personal property. Safeguarding procedures included the retention of receipts and double signatures on recorded transactions. The inspector reviewed a sample of transactions with the responsible administrator; these records were accurate and in keeping with good practice. Processes to monitor systems that safeguard residents' personal finances included audit procedures.

Where restraints were in use appropriate risk assessments had been undertaken. Care plans reviewed by the inspector, where bed-rails were in use for example, contained documented assessments and nursing notes reflected regular monitoring and review of their use. The inspector reviewed the behavioural care plan for a resident with a member of nursing staff, who was able to explain clearly the assessments and reviews that had been undertaken. Information was also recorded on the potential triggers for behaviours and appropriate consideration was given to the possibility of underlying physical conditions, such as illness or infection. Where residents had restraints such as bed-rails in place, their use was monitored in relation to both the necessity and safety of continued use.

Judgment:

Compliant

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

As part of the inspection preparation process the provider had self-assessed substantial compliance in relation to the consideration of rights, privacy and dignity. Action identified on previous inspection around use and signage in relation to closed circuit monitoring (CCTV) had been addressed. The provider had effective arrangements in place for access to advocacy services and this outcome was found compliant on inspection.

Processes around consultation, rights and dignity were supported by related policies on

consent, advocacy, privacy and the management of communication needs. The inspector met with the independent advocate who had been appropriately vetted and trained. The advocate demonstrated an understanding of the needs of residents with a cognitive impairment and the importance of arrangements to ensure that each resident was supported to express their views and concerns. The advocate regularly attended the centre and met with residents both individually and in a group setting. Consultation with residents and their representatives was also encouraged through the use of surveys that sought feedback on resident satisfaction with aspects of care, such as food quality and respecting privacy. Feedback overall was very positive; several residents spoke highly of their experience of care and attention received from all staff at the centre.

The centre supported residents in their civic and spiritual preferences. Arrangements were in place for residents to vote and attend polling stations where possible. The centre had a diverse religious profile and suitable arrangements were in place for residents to access pastoral care as necessary. There were no restrictive visiting arrangements and, on the days of inspection, a good number of visitors were observed spending time with residents in all areas of the centre. Several relatives spoke with the inspector about the care their family member received at the centre. This feedback was consistently positive with reference to good communication and staff, of whom they 'could not speak highly enough'. Accommodation at the centre was of a high standard and provisions were appropriate to ensure that the privacy and dignity of residents was protected. Staff observed courtesies such as knocking before entering rooms. The twin rooms in the centre were provided with effective privacy screens.

Regular activities took place and nominated members of staff had responsibility for developing and scheduling the activity programme. A range of activities were provided with specific items designed to meet the needs of residents with dementia or a cognitive impairment. Consideration was given to the therapeutic benefits of activities, particularly for residents who might present with behavioural and psychological symptoms of dementia. Many activities provided communicative interaction as well as physical exercise and a focus on coordination. The inspector observed residents of all abilities engaging in a variety of activities – playing rings and balloon tennis, or listening to a preferred CD and beading a necklace. There was a musical performance on the second day of inspection. Activities also took place at the weekend. An activity coordinator explained to the inspector how individual abilities and interests were assessed through discussion with residents and family members about background and circumstances of life. The centre provided regular access to a physiotherapist and also a therapy room with equipment to promote activation and mobility. A monthly physiotherapist report, last dated 15 June 2017, summarised the level, extent and any related changes or improvements for individual residents. Art activities were provided in both small groups and on a one-to-one basis. At the time of the inspection the centre was exhibiting the work of an artist resident and examples were on display throughout the centre. A hairdresser regularly attended the centre and there was an appropriately equipped facility to support this service. All residents could access the secure and well maintained courtyard area with raised beds of herbs and plants to support sensory stimulation. Other activities included reminiscence groups, newspaper reading and card games.

Aside from routine observations, as part of the overall inspection, a validated

observational tool was used to monitor the extent and quality of interactions between staff and residents. The observation tool used was the Quality of Interaction Schedule, or 'QUIS' (Dean et al, 1993). This monitoring occurred during discrete 5 minute periods in 45 minute episodes. Two episodes were monitored in this way. The first observation took place on the morning of day one of the inspection. The inspector observed residents who were preparing to congregate in the day room for an activity that was due to commence. Four residents were in the room at the start of the period and were subsequently joined by several others. Some residents had a regular seat and both staff and other residents accommodated these preferences. The activity coordinator kept communicating with the residents, both individually and collectively, while preparing the various props for the art activity. A resident expressed a preference for music and the CD was changed to their liking. A second observation was undertaken the following day in the dining area at midday. Lunch service had started and some residents were awaiting their meal while others had commenced, and still more were arriving or being assisted to their place. During this period, it was again observed that residents with dementia or a cognitive impairment had their social needs met in an appropriate manner. Members of staff were seen to take time with residents as they mobilised to their seat and were attentive around their needs and personal preferences. Members of staff, including nursing staff, took time to sit with individual residents and provided encouragement and assistance with eating as necessary. Residents whose care plans indicated that they required monitoring due to a swallowing risk, were seated where observation could be discreet and effective. Members of staff in all roles chatted with residents during the service and routinely checked individual preferences around seating, whether they wanted a protective apron, what they wanted to drink and, in the case of one resident who wanted extra sauce, returning with the plate to the kitchen to get more. Residents were seen to be consulted around choice and engaged with conversation, or provided with refreshments and re-positioned to support comfort. A positive result was recorded for these episodes and it was noted that staff engaged meaningfully with residents on a consistent basis.

Judgment:

Compliant

Outcome 04: Complaints procedures

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Since the last inspection the procedure for recording complaints had transferred to an electronic format. The policy and procedure for managing complaints had been reviewed in 2016. A summary of the complaints process was included in the statement of purpose and was also clearly displayed in the reception area of the centre. In keeping with

statutory requirements the procedure for making a complaint included the necessary contact details of a nominated complaints officer and also outlined the internal appeals process and the nominated individual with oversight of the complaints process. Contact information for both the independent advocate and the office of the Ombudsman was also provided.

The inspector reviewed a sample of the recorded complaints and noted that information was recorded in keeping with requirements, including details of any investigation into the complaint and whether or not the complainant was satisfied with the outcome. The person in charge explained the procedures for receiving and acting on a complaint that included advice provided to complainants on related procedures. The procedures for managing complaints were in keeping with statutory requirements and effectively implemented. At the time of inspection there were no active complaints on the register and no complaint had been referred for review via the appeal process.

Judgment:
Compliant

Outcome 05: Suitable Staffing

Theme:
Workforce

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The centre had self-assessed a moderate non-compliance in relation to this outcome. However, the inspector returned a major non-compliance due to the omission around required vetting documentation. Since the previous inspection two members of staff had been nominated as persons participating in management. Both appointees were clinical nurse managers with qualifications and experience appropriate to the requirements of the role. These appointees were available throughout the course of the inspection and demonstrated an appropriate knowledge and understanding of their associated roles in providing managerial support. At the time of inspection the system of supervision was directed through the person in charge. A planned and actual staff roster recorded a staffing level appropriate to meet the needs of the residents, having consideration for the size and layout of the centre. The person in charge confirmed that staffing levels remained under continual review, in keeping with the changing profile of residents. At the time of inspection 27 of the 50 residents were assessed as having high to maximum dependency needs. The inspector reviewed the skill mix of staff on duty and assessed that it was appropriate to meet the needs of the current resident profile. Designated staff held responsibility for administration at the centre. Management systems were in place to ensure that information was communicated effectively and minutes of staff meetings were available for reference. Regular handover meetings took place at shift intervals. There was a clearly defined management structure that identified the lines of

authority and accountability. Appropriate supervision was in place on a daily basis with a qualified nurse on duty at all times. Staff were supervised appropriate to their roles and a regular appraisal system was in place. Senior nursing staff were able to describe how competencies were assessed. Documentation that confirmed the registration status of qualified nursing staff was in place.

The inspector reviewed the training matrix and identified that training was regularly delivered in mandatory areas such as fire-safety, safeguarding and manual handling. Management monitored staff training renewal dates and, although there had been an induction of new staff, almost all staff members had current training in the mandatory areas. A small number of staff were recently overdue refresher training in fire-safety and the person in charge scheduled these staff on the next available training session. Additional training was accessible to staff that was in keeping with the needs profile of residents. Almost all staff had received training in the management of responsive behaviours. Access to training on dementia related care was also provided. Staff spoken with stated that they were also supported to develop self-education by accessing courses and information on-line. Additional training provided in the last six months included infection control, dysphagia management, nutrition and the management of dysphagia in dementia and activities in older people.

Policies and procedures were in place around the recruitment, training and vetting of staff. These procedures were robust and appropriately referenced the verification of qualifications and security backgrounds for appointed staff. However, finalised Garda vetting documentation had not been received for one recently appointed member of staff. The person in charge immediately removed the member of staff from the roster pending finalisation of the process and put in place support arrangements for additional staff cover. The inspector reviewed a sample of staff files. The documentation maintained on these files was in keeping with the requirements of Schedule 2 of the regulations. The inspector reviewed security documentation with management who confirmed that all active members of staff had been vetted in keeping with requirements. There had been no change to volunteer staff since the previous inspection. Vetting documentation was in place for volunteers, including the independent advocate, as required.

Judgment:

Non Compliant - Major

Outcome 06: Safe and Suitable Premises

Theme:

Effective care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The centre was a single storey building, located on the outskirts of Skibbereen town, in county Cork. The premises was purpose built and had been constructed in 2004. All residential accommodation was laid out over the ground floor. The building was set back slightly from the main road. Parking was available to the front of the premises.

The size and layout of the premises was in keeping with the statement of purpose and provided facilities and space that reflected the needs of the resident profile.

Accommodation was provided for 50 residents, comprising 34 single and 8 twin bedrooms. All rooms were well equipped with en-suite facilities, personal storage and furniture as required. The entrance led into a bright foyer and through to a secure courtyard that was partly paved and planted with shrubs and raised beds. There was a small office and reception desk in the foyer. A large dining area was to the left of reception, leading to one wing of the building that included resident accommodation, kitchen and storage facilities and the laundry area. Staff were provided with their own changing and storage area. On the other side of reception was the remaining accommodation, the communal sitting and living rooms, an oratory and a meeting room where residents could receive visitors in private if they so wished. The design of the centre was such that each wing was linked by a continuous corridor through which there was access to both sides of the building. This layout supported the needs of those with a cognitive impairment in facilitating ease of movement and orientating from communal areas to the residents' private spaces. The building and grounds were accessible by wheelchair. Residents were seen to congregate in the reception area where there was a large fish tank and comfortable seating. This area was bright with natural light and had direct, unrestricted access to the courtyard. Several residents with a cognitive impairment were seen to have a preference for spending time in this space. Residents' rooms were comfortable and well decorated and residents had choice around how their space was organised with personal belongings, photographs and memorabilia. Individual accommodation also provided adequate space for the use of assistive equipment, if necessary, and space for the secure storage of personal belongings. Call bells were visible and easy to reach in all rooms.

The centre overall was bright, comfortable and very well maintained with attractive decoration and furnishings. The centre provided a choice of communal areas for residents that included a large day room with high ceilings where there was a large central table with chairs to support activities. There was also a library where residents could meet visitors in private. A communal area, Teach Beag, had been developed with the needs of those with a cognitive impairment in mind, and was illustrated with murals of traditional farmhouse scenes, furniture and countryside. The centre accommodated residents who smoked and a designated area was available with appropriate access and precautionary measures in place such as a fire blanket, extinguisher and call bell. Laundry, cleaning and sluice facilities were appropriate to the size and layout of the premises. There was an adequate supply of assistive equipment, such as wheelchairs and hoists, to meet the needs of the residents and equipment was stored appropriately in keeping with requirements. Indoor space was laid out such that active residents could mobilise and orientate with ease. The dining area was bright and open plan. Kitchen facilities were laid out and equipped in keeping with the size and occupancy of the centre. Heating, lighting and ventilation was appropriate to the size and layout of the centre throughout.

Appropriate consideration had been given to the use of environmental stimuli to support

people with cognitive impairment and the use of paintings, photographs and decoration throughout was in keeping with the assessed needs of the resident profile overall. In relation to the specific needs of residents with dementia, the development of orientation signage in some areas of the premises would further support the requirements of those with a cognitive impairment. The person in charge explained that the use of contrasting colours and visual cues, to outline doorways or provide direction for example, were being reviewed as part of a dementia related action plan.

Judgment:
Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Mairead Harrington
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Skibbereen Residential Care Centre
Centre ID:	OSV-0000280
Date of inspection:	27th and 28th June 2017
Date of response:	18 th July 2017

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 05: Suitable Staffing

Theme:
Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

A small number of staff were recently overdue refresher training in fire-safety.

1. Action Required:

Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training.

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

Please state the actions you have taken or are planning to take:

Training is continually reviewed and planned. All staff will receive refresher training as required.

Proposed Timescale: 27/07/2017

Theme:

Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Gárda vetting documentation was not in place for one recently appointed member of staff as required by Schedule 2 of the regulations.

2. Action Required:

Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

Please state the actions you have taken or are planning to take:

Vetting Documentation is now in place for all staff.

Proposed Timescale: Complete

Proposed Timescale: 18/07/2017