<table>
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<th>Skibbereen Community Hospital</th>
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<tr>
<td>Centre ID:</td>
<td>OSV-0000598</td>
</tr>
<tr>
<td>Centre address:</td>
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</tr>
<tr>
<td>Telephone number:</td>
<td>028 21677</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:skibbereen.chsouth@hse.ie">skibbereen.chsouth@hse.ie</a></td>
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<tr>
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<tr>
<td>Provider Nominee:</td>
<td>Ber Power</td>
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<tr>
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<td>Mary O'Mahony</td>
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Health Information and Quality Authority
Regulation Directorate

Compliance Monitoring Inspection report
Designated Centres under Health Act 2007, as amended
About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

• Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
• Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider’s compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

• to monitor compliance with regulations and standards
• to carry out thematic inspections in respect of specific outcomes
• following a change in circumstances; for example, following a notification to the Health Information and Quality Authority’s Regulation Directorate that a provider has appointed a new person in charge
• arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

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 ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times
From: 01 September 2017 09:45
To: 01 September 2017 18:30

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

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Our Judgment</th>
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<tbody>
<tr>
<td>Outcome 02: Governance and Management</td>
<td>Non Compliant - Moderate</td>
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<tr>
<td>Outcome 04: Suitable Person in Charge</td>
<td>Compliant</td>
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<td>Outcome 07: Safeguarding and Safety</td>
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<tr>
<td>Outcome 08: Health and Safety and Risk Management</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 09: Medication Management</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 11: Health and Social Care Needs</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 12: Safe and Suitable Premises</td>
<td>Non Compliant - Major</td>
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<tr>
<td>Outcome 16: Residents' Rights, Dignity and Consultation</td>
<td>Non Compliant - Major</td>
</tr>
<tr>
<td>Outcome 18: Suitable Staffing</td>
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Summary of findings from this inspection
This was the eighth inspection by the Health Information and Quality Authority (HIQA) of Skibbereen Community Hospital. The purpose of the inspection was to follow up on actions required following the previous report and to monitor on-going compliance with regulations. The provider, the Health Service Executive (HSE), had previously committed to improving the quality of life and related premises issues to enhance the privacy and dignity needs of residents. The date of completion of the renovations had been given as the end of 2018 and adherence to this timescale was a condition on the previous registration of the centre. However, the person in charge stated that planning permission for the project had yet to be granted at the time of this most recent inspection. The provider now proposed to apply for a new date of 2019 for completion of the proposed improvements in design and layout. The provider was obliged by regulation to apply for an application to vary the conditions of the present registration. This was discussed with the person in charge on inspection.

During the inspection, the inspector met with residents, staff, the person in charge, the assistant person in charge and relatives. Practices were observed and documentation such as, policies, the statement of purpose, residents’ care plans and
risk assessments were reviewed. The inspector found that significant work had been undertaken to address the actions identified on the previous inspection in order to bring the centre into compliance with regulations. Staff had received training in several areas of residents’ care and safety. The assistant person in charge had improved the auditing system and addressed the actions identified as a result of those audit findings.

Improvements noted on this inspection included:
* the putting in place of effective management systems to ensure that the service provided was effectively monitored
* the completion of audits in such a manner which identified and addressed the deficiencies identified
* a review of policies and procedures to ensure they were current, centre specific and reflected practice in the centre
* the appropriate management of behaviours associated with the effects of dementia
* assessment of the use of bedrails
* the provision of training for staff in medication management and safe medication storage
* decoration of the ILEN sitting room and adjoining patio/garden area
* the development of person-centred plans of care for each resident
* documentation indicating assessments by members of allied health services such as psychiatry and speech and language therapists
* the maintenance of documentation in such a manner to ensure completeness, accuracy and ease of retrieval, including staff files

Similar to findings on previous inspections, the inspector found that the privacy and dignity of residents was greatly compromised by the continued major non-compliance and unsuitability of the premises, as identified in previous reports. For example, there was a shortage of storage space; residents were required to share multi-occupancy bedroom accommodation and there was lack of sufficient wardrobe provision for personal belongings. This meant that residents' clothes were stored for a prolonged time in blue laundry bags on the floor of a store room, due to lack of space in the wardrobes for the laundered clothes. The person in charge stated that the proposed building plan was set out to address these matters and a copy of these plans had been previously sent to HIQA. The provider indicated that the current condition on the previous registration would be breached as planning had yet to applied for, the work had yet to commence and would not be completed on the agreed date. The provider proposed to apply for an application to vary the conditions of the registration.

Apart from the on-going major non-compliances in privacy and dignity of residents and major non-compliance in the layout and design of premises, the centre was found to be in substantial compliance with regulations. Staff were caring and experienced and residents informed the inspector that they felt supported and safe. There were some minor non-compliance noted in relation to documentation and these are discussed under Outcome 9 and Outcome 11.

The action plan at the end of this report sets out the actions necessary to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for
Older People) Regulations 2013 and the Standards for Designated Centres for Older Adults 2016.
Outcome 02: Governance and Management
The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
Effective management systems were evident during the inspection and clear lines of accountability and authority were in place. Audits on areas such as care planning, medication management, falls and infection control were conducted. Findings from these audits had been addressed. The regulatory annual review of all aspects of the quality and safety of care had been carried out since the previous inspection. There was evidence of consultation with residents. For example, residents informed the inspector that their views were sought. In addition, documentation was reviewed of minutes of residents' meetings. Resident satisfaction surveys had also been conducted.

Residents and relatives were familiar with management staff in the centre. The person in charge was also the person in charge of a nearby designated centre also run by the HSE. He stated that he was in Skibbereen Community Hospital for two and a half days each week and when required. He communicated daily with the assistant person in charge. The assistant person in charge was reliable, clinically knowledgeable and responsible. She conducted audit, supervision, delegation and staff appraisals.

The person in charge stated that a new person had been appointed to represent the provider in recent months. The provider representative had visited the centre for the first time on the day prior to the inspection. The long awaited renovations had yet to commence however. Planning permission had yet to be applied for even though initially HIQA had been assured that the works would be completed by the end of 2018. The previous registration had been granted on this proviso. As discussed at the introduction an application to vary the registration conditions would now be required by HIQA.

Judgment:
Non Compliant - Moderate
**Outcome 04: Suitable Person in Charge**  
The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

**Theme:**  
Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**  
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**  
The person in charge held the post of person in charge of two HSE centres in the same geographical area. He was a registered nurse with many years of experience in HSE management. He had previously held the post of person in charge of these centres and had been re-appointed to the post of person in charge since the previous dementia thematic inspection.

The person in charge demonstrated a good knowledge and understanding of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Standards for Residential Care Settings for Older People in Ireland 2016. He was aware of the regulatory responsibilities associated with the role. He informed the inspector that he had a commitment to enhancing the care for residents in compliance with the statutory requirements and the standards set for the sector.

**Judgment:**  
Compliant

**Outcome 07: Safeguarding and Safety**  
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

**Theme:**  
Safe care and support

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

**Findings:**  
The centre had a policy on, and procedures in place for, the prevention, detection and response to abuse that had been reviewed in 2016. It contained appropriate guidance for staff on dealing with abuse allegations involving staff, residents, visitors or other persons in a position of trust. Staff with whom the inspector spoke were found to be aware of the types of abuse that could occur. They understood the procedure for
reporting a suspected allegation and had signed that they had read the policy. The HSE 2014 policy on safeguarding vulnerable adults at risk of abuse had been widely circulated to staff. Staff had been trained in safeguarding principles and practice. The person in charge and the assistant person in charge stated there was a zero tolerance approach to any type of abuse. This was discussed at handover meetings on a daily basis. Residents and their relatives said that they felt safe in the centre.

A policy was in place in relation to managing behaviour associated with the behaviour and psychological symptoms of dementia (BPSD). Staff spoken with had training in the skills and knowledge to respond to and manage this behaviour. Care plans were in place for staff guidance where this was relevant. There was a policy on restraint in the centre which was seen to reflect best evidence-based practice. Where restraints such as bed-rails were in use appropriate risk assessments were seen in residents' files. Restraint assessment forms and consent forms were in use. A daily restraint register was observed which demonstrated that regular monitoring of bedrail use was undertaken. Comprehensive audit on restraint use was undertaken with every effort made to reduce restraint use.

A policy was in place to guide staff on caring for residents' personal property and residents' finances. A record of personal items brought in to the centre was maintained for each resident from the time of admission. Secure storage was provided in residents' rooms for the safekeeping of personal items. All financial records were carefully maintained, centrally, by the HSE. These were transparent and maintained to a high standard by the administration staff. This staff member described to the inspector the system of record keeping and the provision of receipts and invoices to residents. a sample of residents personal money account was seen to be accurate.

**Judgment:**
Compliant

**Outcome 08: Health and Safety and Risk Management**

The health and safety of residents, visitors and staff is promoted and protected.

**Theme:**
Safe care and support

**Outstanding requirement(s) from previous inspection(s):**
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**
A risk management policy was in place which covered the precautions in place to control the risks specified in Regulation 26(1). The centres hazard identification record and risk register were up to date and these addressed most of the risks to residents, staff and visitors. The health and safety statement had been updated on 10 May 2017. However, a number of risks were found on the premises which had not been addressed. For example, open cleaning supplies on a resident's locker which was a potential poisoning risk and an open body cream labelled with the wrong resident's name on a man's locker.
This presented an infection control hazard.

The inspector viewed the fire safety management procedures and found that all daily checks and equipment service records were maintained and up to date. There were records of recent fire drills. The fire management policy had been developed and the emergency policy had been completed since the previous inspection. A personal emergency evacuation plan (PEEPS) was in place for each resident.

The inspector found that the centre was cleaned to a high standard and appropriate waste and sluicing facilities were in place.

Judgment: Substantially Compliant

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**Outcome 09: Medication Management**

Each resident is protected by the designated centre’s policies and procedures for medication management.

**Theme:** Safe care and support

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

Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**

A range of policies were in operation for the management of medicines. The inspector viewed records of controlled medicines and this was found to be in line with the professional guidance for nurses. Medicines management was audited by the pharmacist and the senior nursing staff. However, in the small sample of documents reviewed not all staff had signed when medications had been administered.

Photographic identification was available on the drugs chart for each resident to ensure the correct identity of the resident receiving the medicine, thereby reducing the risk of error. The prescription sheets reviewed were clear and legible and distinguished between PRN (as needed), short-term and regular medication. Drugs requiring crushing were prescribed as suitable to be crushed and this was signed by the GP.

Training had been made available to relevant staff in medicines management.

Judgment: Substantially Compliant

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**Outcome 11: Health and Social Care Needs**

Each resident’s wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident’s assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing...
**needs and circumstances.**

**Theme:**
Effective care and support

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
Residents' healthcare needs were met through timely access to medical treatment. The centre accessed the services of local general practitioners (GPs) who visited the centre as required and conducted three monthly resident medicine reviews. Evidence of these were documented in a sample of residents' files reviewed by the inspector. For example, one resident's medication was reduced following a recent review. In addition, residents who were on respite stay or in community support beds were facilitated to retain their own GP.

Access to allied health professionals for the 27 residents who were accommodated in the centre on a long term basis had improved since the previous inspection, according to the assistant person in charge. Input from professionals such as psychiatrist, dieticians, chiropody, wound experts, physiotherapists and speech and language therapists was found in a sample of files reviewed. The person in charge stated that as before access to an occupational therapist (OT) was limited except through a private referral or when a new OT chair was ordered.

The MUST (malnutrition universal screening tool) was used by staff to check if any resident was at risk of malnutrition and residents' weight was recorded on a monthly basis. Minutes of residents' meetings indicated that staff discussed food choice and access to regular exercise with residents.

Clinical assessments were completed for residents whose files were reviewed. For example, risk assessments relating to nutrition, falls, skin integrity, depression, continence and pain were in place. Relevant care plans were developed where required following these assessments. Residents who exhibited episodes of BPSD had care plans in place and the ABC (antecedent, behaviour and consequences) chart was used to identify the cause and outcome of each behaviour episode. Care plans were person-centred and were updated by named nursing staff four-monthly. Since the previous inspection a new suite of care planning documentation had been rolled out. However, the assistant person in charge stated that these were not suitable and plans were underway to review this documentation again. Relatives who spoke with the inspector confirmed that they were involved in the development of care plans. The inspector found that documentation confirmed this.

As before advanced care plans were being developed for care at the end of life. These issues were discussed with individual residents where they agreed to the discussion and clear records were maintained. These wishes were updated when necessary. There was a weekly mass celebrated in the centre and residents were facilitated to receive Communion also. There were two single en-suite rooms set aside for those with
palliative care needs. Specialist services were available and subcutaneous fluids could be offered if required, in an effort to minimise transfer to hospital.

Residents stated that there were choices available at dinner time and they were happy with the meals. A number of family members were seen to support their relatives with meals. There was access to snacks and drinks throughout the day. Fresh fruit and extra desserts were also available if residents requested this.

However, the inspector found a number of omissions in the documentation. For example, in the sample of files reviewed a clothes list had not been filled in correctly for one resident, the activity provision list for one resident had not been filled in and there was insufficient detail recorded for one resident who had been assessed as having pain.

**Judgment:**
Substantially Compliant

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**Outcome 12: Safe and Suitable Premises**
The location, design and layout of the centre is suitable for its stated purpose and meets residents’ individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

**Theme:**
Effective care and support

**Outstanding requirement(s) from previous inspection(s):**
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**
The centre was clean, bright and nicely decorated. The communal space consisted of two large rooms combining dining and recreation facilities. The male residents informed the inspector that they liked to sit together in one room while the ladies preferred the views to the garden from the second room. At times residents sat together for movies, prayers and entertainment. Residents also had access to two other rooms which were used for relaxation, reading and activities. One room, in the newer section, was furnished with a kitchenette and this led out to a colourful garden decking area. This room had been painted and furnished with bright orange chairs and new pictures since the previous inspection. Staff said that more residents used the room since the refurbishment for art creations as well as baking sessions. Relatives were facilitated to make and enjoy tea with residents in this room. There were raised flower beds in this garden area which were used by staff and residents.

As found on all previous inspections the older section of the building consisting of the six-bedded multi-occupancy bedrooms and one four bed multi-occupancy respite bedroom were unsuitable in design and layout to protect the privacy and dignity of residents. The design and layout had a significant negative impact on residents as they
were unable to undertake personal activities in private or to meet with visitors privately in their bedroom. The six-bedded rooms were interlinked. This meant that visitors, staff and other residents could walk through bedroom areas past resident who were sitting and lying on their beds. In addition, there was no bath in the centre which was required by the regulations to afford choice to residents.

In the refurbished area of the centre the four-bed multi-occupancy rooms were found to be more spacious than the old rooms. Shelves had been provided for small personal items since the previous inspection. However, not all residents were happy with the storage space provided. The room was already equipped with four wardrobes and an extra wardrobe for one resident. However, this was not sufficient considering that personal items were seen stored in plastic boxes and in bags next to residents' beds. These four-bedded rooms were furnished with en-suite facilities. However, the space provided for each resident was insufficient for residents' needs. One resident said that as she was old she felt she could not make a fuss about having space for her things. She had items stored in bags by the bed. Her wardrobe and locker were full. In one six-bedded room the inspector saw that there were only three wardrobes at the end of the room and three small cupboard spaces for the other residents.

There were six single rooms with en-suite bathrooms in the centre, two of which were designated palliative care beds. Sluice rooms and laundry facilities were adequate for the centre.

The provider indicated that the current condition on the previous registration would be breached as planning had yet to applied for, the work had yet to commence and would not be completed on the agreed date. The provider proposed to apply for an application to vary the conditions of the registration.

Judgment:
Non Compliant - Major

**Outcome 16: Residents' Rights, Dignity and Consultation**
Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
Residents and relatives praised the single room facilities in the newer section of the building. More spacious four-bedded rooms had also been developed in this section and
these were personalised. Shelves next to residents' beds allowed residents to display treasured items from their homes as well as photographs. The inspector noted that fixed screens were used when residents were receiving care, to protect their dignity, as much as the environment allowed.

All residents were encouraged to take part in meaningful activities which met their interests. Residents were seen to enjoy art sessions, reminiscence, reading, prayer and music sessions during the inspection. Visitors stated that they had access to unrestrict visiting times. Two smaller sitting rooms were seen to be in use for private visits. Residents were observed using their mobile phones to speak with friends and relatives.

However, the inspector found evidence of the negative impact of living in the restricted space in the six-bedded and four-bedded multi-occupancy rooms which included:
-old fashioned TVs were located on the top of wardrobes in some rooms
-there was not enough room to manoeuvre chairs and equipment required to care for residents.
-wardrobes were not located beside beds for all residents. They were located at the end of the bedroom
-residents who had chairs by the bed had limited access to wardrobes as due to the lack of space by the bed the chair was located in front of the wardrobe
-due to the lack of space not all residents could have a suitable chair located by the bed and resident were seen sitting on the side of their bed
-there was limited space for residents to store their clothes, which were seen on chairs, in bags, in plastic boxes and hanging on the fixed screen at the bedside
-one resident in a four bedded room stated that there was very little space for personal clothes and personal items
-due to the interlinked nature of the multi-occupancy bedrooms residents lacked privacy when sitting on or lying by their beds
-TV remote controls were not accessible to all residents who were obliged to watch the same programme as the TV's were shared
-one resident stated that her TV was "out of action" for a while and the correct remote control was not available
-one resident said he would like the TV to be on more but he was afraid to disturb others

Similar to findings on the previous inspection the inspector saw and staff confirmed that:
-specialised chairs, commodes, care trolleys and other assistive equipment were difficult to manoeuvre within the limited space of the multi-occupancy rooms
-large chairs and wheelchairs were stored in interlinked corridor areas between the multi-occupancy bedrooms
-residents found the six-bedded units disturbing at night because of some residents calling out, the use of hoists and the use of commodes
-while over-bed hoist equipment was provided in all rooms, the use of this equipment required staff to be able to access both sides of residents' beds and to move the hoist around the room, from bed to bed, along an over head cable. This was noisy and disruptive for other residents particularly at night.

Nevertheless, all residents spoke highly of the care and the staff in the centre. Residents told the inspector that their religious needs were met in the centre and that they had
Staff members interacted with residents in a calm and relaxed manner. Residents were referred to by their preferred name. Social conversation predominated and residents responded to this according to their abilities. Residents informed the inspector that they enjoyed the group interaction and conversation. A musical session was facilitated in the afternoon. A family member and staff member joined residents by becoming involved in the singing session. Residents were offered snacks and supplementary drinks during the session. Residents engaged in reminiscence sessions about their lives, favourite foods, family visits and weekend outings. Residents were appropriately dressed indicating a sense of respect for their dignity and individuality.

Issues raised during advocacy sessions and residents' meetings were addressed. Documentation and minutes of residents' meetings confirmed this. Posters informing residents about their right to refer to advocacy services were displayed in the hallway.

The provider indicated that the current condition on the previous registration would be breached as planning had yet to applied for, the work had yet to commence and would not be completed on the agreed date. The provider proposed to apply for an application to vary the conditions of the registration.

**Judgment:**
Non Compliant - Major

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**Outcome 18: Suitable Staffing**
There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

**Theme:**
Workforce

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
The person in charge had been appointed since the previous inspection. He was found to be aware of his duties and responsibilities. He outlined staff supervision arrangements. The assistant person in charge stated that appraisals were carried out annually. Members of staff spoken confirmed attendance at mandatory training as well as end of life training, dementia care, moving and handling techniques and infection control. Staff attended external training events such as conferences on aspects of care of the older adult.

A weekly roster was maintained in the centre. Records seen indicated adequate staffing
levels and continuity of care. Staff were aware of the line management. They were found to be knowledgeable of residents' needs and were resident-centred in the delivery of care. The new person in charge was also the person in charge of another centre. The second centre was a geographical distance from Skibbereen Community Hospital. However, the person in charge stated that he was available in both centres on two and a half days per week. The person in charge stated that the pre-admission assessment was a robust, inclusive process. He stated that admissions were accepted based on the needs and level of care required by new residents and existing residents.

The inspector reviewed a sample of staff files. These were found to contain the documents required under Schedule 2 of the Regulations. The person in charge stated that all staff had the required Garda Vetting clearance prior to commencement of employment. Confirmation of a sample of this clearance was sent to HIQA following the inspection.

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:

Mary O'Mahony
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

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<td>01/09/2017</td>
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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 02: Governance and Management

Theme:
Governance, Leadership and Management

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
Resources had yet to be released to commence the renovation works. There had been a delay in the planned commencement of these works as discussed on previous inspections.

1. Action Required:
Under Regulation 23(a) you are required to: Ensure the designated centre has sufficient

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
resources to ensure the effective delivery of care in accordance with the statement of purpose.

Please state the actions you have taken or are planning to take:
HIQA Compliance Work project is currently at the design completion stage. A planning application for refurbishment of Skibereen Community Hospital is due to be submitted in late November 2017. Construction is expected to commence in October 2018 following tendering. Completion is expected in December 2019

**Proposed Timescale:** 31/12/2019

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**Outcome 08: Health and Safety and Risk Management**

**Theme:**
Safe care and support

**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**
Risks such as an open cleaning product and a wrongly labelled cream were not identified and risk assessed.

2. **Action Required:**
Under Regulation 26(1)(a) you are required to: Ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.

Please state the actions you have taken or are planning to take:
- Risk assessment on storage of cleaning products has been conducted and all cleaning products are now securely stored when not in use.
- Cleaning is now separated from caring with cleaning staff educated on the handling and storage of cleaning products.
- Risk assessment of labelling of products has been completed with regular auditing by management of creams, medications and all other products that maybe used by our residents.

**Proposed Timescale:** 23/10/2017

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**Outcome 09: Medication Management**

**Theme:**
Safe care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
In a number of sample files checked staff had not always signed that prescribed medicine had been administered to a resident.

3. **Action Required:**
Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident’s pharmacist regarding the appropriate use of the product.

Please state the actions you have taken or are planning to take:
- Auditing of medications charts has been increased by management
- Issue as raised above will be discussed and managed with individual staff through staff appraisals.

Proposed Timescale: October 31st 2017 & ongoing

**Proposed Timescale:** 31/10/2017

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**Outcome 11: Health and Social Care Needs**

**Theme:**
Effective care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Pain assessment had not been completed in a comprehensive manner.

4. **Action Required:**
Under Regulation 05(2) you are required to: Arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person’s admission to the designated centre.

Please state the actions you have taken or are planning to take:
- Comprehensive assessments will be completed by Nursing staff on admission.
- Auditing of assessments will be conducted regularly by management
- Teaching sessions with staff will be given to staff regarding comprehensive assessment of admissions.
- Issue as raised above will be discussed and managed with individual staff through staff appraisals.

Proposed Timescale: October 31st 2017 & ongoing

**Proposed Timescale:** 31/10/2017

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**Outcome 12: Safe and Suitable Premises**

**Theme:**
Effective care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
The registered provider failed to ensure that the premises of the designated centre
were appropriate to the number and needs of the residents of that centre as set out in this report.

5. **Action Required:**
Under Regulation 17(1) you are required to: Ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.

**Please state the actions you have taken or are planning to take:**
Skibbereen Community Hospital was included as part of Cork Community Hospital, HIQA Compliance Work projects.
The current project Brief and proposed design proposals are deemed to be compliant by the Project Team with the HIQA 2016 Standards and current legislation. Planning application is due to be submitted in late November 2017.

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**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**
The provider failed to provide premises which conformed to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre. For example:
- lack of space, insufficient wardrobes, multi-occupancy bedrooms accommodation, poor accessibility to toilet and showers.
- no bath availability
- free access to favourite TV programmes

6. **Action Required:**
Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

**Please state the actions you have taken or are planning to take:**
Refurbishment of resident’s bedrooms and toilet facilities will commence in 2018 as part of the HIQA compliance work projects. Planning application is due to be submitted in late November 2017 and construction expected to commence in October 2018. In the meantime protecting residents dignity will remain to the fore in our care delivery

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**Outcome 16: Residents' Rights, Dignity and Consultation**

**Theme:**
Person-centred care and support
The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
There was no bath in the centre to provide choice for residents:
Residents could not choose which TV programme to watch as TV's were shared:

7. **Action Required:**
Under Regulation 09(3)(a) you are required to: Ensure that each resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.

Please state the actions you have taken or are planning to take:
This outcome will be addressed with the refurbishment plan due to commence in October 2018. In the meantime residents will be accommodated in the dayroom or another area if they wish to watch a different programme to that on the ward TV.

**Proposed Timescale:** 31/12/2019

**Theme:**
Person-centred care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
Residents lacked privacy due to sharing six-bedded and four-bedded wards.
Interlinked bedrooms and access to sluice and store rooms through bedrooms impacted on residents privacy as staff relatives and residents passed through bedrooms regularly even when residents were in bed, entertaining their visitors while in their bedrooms or eating a meal by the bed.

8. **Action Required:**
Under Regulation 09(3)(b) you are required to: Ensure that each resident may undertake personal activities in private.

Please state the actions you have taken or are planning to take:
This outcome will be addressed with the refurbishment plan due to commence in October 2018. In the meantime protecting residents’ dignity will remain to the fore in our care delivery.

**Proposed Timescale:** 31/12/2019

**Theme:**
Person-centred care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
Not all residents had access to their choice of TV programme or had access to TV

9. **Action Required:**
Under Regulation 09(3)(c)(ii) you are required to: Ensure that each resident has access to radio, television, newspapers and other media.
Please state the actions you have taken or are planning to take:
Residents share televisions in the multi occupancy room but where a resident wishes to watch a different program they will be accommodated in the dayroom or another area if they wish to watch a different programme to that on the ward TV. The provision of individual televisions for each resident will be addressed by the refurbishment due to commence in October 2018.

Proposed Timescale: Complete & December 2019

Proposed Timescale: 31/12/2019