



**Health  
Information  
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Authority**

An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

# Report of an inspection of a Designated Centre for Older People.

## Issued by the Chief Inspector

Name of designated centre:	Skibbereen Community Hospital
Name of provider:	Health Service Executive
Address of centre:	Coolnagarrane, Skibbereen, Cork
Type of inspection:	Unannounced
Date of inspection:	28 June 2022
Centre ID:	OSV-0000598
Fieldwork ID:	MON-0037078

## About the designated centre

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

The original Skibbereen Community Hospital was constructed around 1930, and was originally known as St. Anne's Hospital. More recently it is known as Skibbereen Community Hospital. The centre consists of a single-storey building located on a Health Service Executive (HSE) site. The centre provides long-stay, respite, community support and palliative care to the older population of Skibbereen and the surrounding area. The centre is registered to care for the needs of 40 residents in single, triple and four-bedded accommodation. There is also access to three internal courtyards.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	26
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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 28 June 2022	09:00hrs to 16:45hrs	Ella Ferriter	Lead

## What residents told us and what inspectors observed

Overall, residents spoken with by the inspector provided positive feedback about the care they received and the services provided in Skibbereen Community Hospital. Residents told the inspector that staff were extremely kind and compassionate and always gave them time. The inspector found that residents received a high standard of care from a dedicated team of staff.

The inspector arrived to the centre unannounced and completed the centre's infection prevention and control measures, before entering the centre. Following an introductory meeting with the person in charge, the inspector was guided on a tour of the premises and met with a number of residents, in both their bedrooms and in communal areas.

Skibbereen Community Hospital is a single-storey designated centre, laid out over one floor and it can accommodate 40 residents. There were 26 residents living in the centre on the day of this inspection. The centre was observed to be cleaned to a very high standard, on the day of the inspection. Bedroom accommodation was divided into named units, depicting areas around West Cork such as Glandore, Fastnet, Abbey, and Ilen. There were five rooms with four beds, one three-bedded room and 13 single bedrooms. In the past year, seven additional single en-suite bedrooms had been added to the premises. On the last inspection of this centre, these rooms were not yet occupied. The inspector saw that residents were now living in these single rooms and they spoke positively about the large bright bedrooms and having their own space. One resident told the inspector it was "great to have privacy" and to be able to "watch their own television". These bedrooms were clean and bright and most were furnished with personal items, such as photographs and ornaments to create a comfortable, homely environment. There was sufficient space for residents to live comfortably, including adequate space to store personal belongings in wardrobes and chest of drawers.

The inspector observed that residents' choice was respected throughout the day. For example, some residents got up from bed early while others chose to remain in bed until mid-morning. The inspector observed a friendly, relaxed and calm atmosphere in the centre. The inspector spoke with a number of residents during the inspection who said that they were happy in the centre and that the staff were always kind and helpful to them. Residents indicated that they felt safe and that they could raise concerns if they had a need to do so. Staff spoken with were knowledgeable about residents care needs and it was evident that they knew residents very well.

Residents were observed to be content and relaxed in a variety of communal areas around the centre. Since the previous inspection the centres day room had been decorated, which created a more homely feel. Activities were observed to take place throughout the day in this room, which was a noted improvement since the previous inspection. Residents told the inspector that they were satisfied with the activities now on offer. Two residents told the inspector that the amount of activities available

to them had recently increased, and they found this made their day so much more enjoyable. One resident told the inspector they looked forward to the daily activities and loved that the weekly schedule was on display. The inspector saw, on the day of this inspection, residents partaking in a reminiscence session and a game of bingo as well as one-to-one sessions with a dedicated activities staff member.

There were opportunities for the residents to meet with the management team and provide feedback on the quality of the service. A review of meeting minutes showed that where residents had made suggestions, these were being actioned. For example, the residents had requested that the entrance to the centre be painted and had also requested additional garden furniture. These suggestions were in progress on the day of this inspection.

The residents dining experience was observed to be a pleasant, sociable and relaxed occasion for residents. Residents had a choice of meals from a menu that was updated daily. Residents spoken with expressed satisfaction with the quality, quantity and variety of food. This was supported by the observations of the inspector. Food was attractively presented and residents requiring assistance were assisted appropriately. The inspector was informed that the dining experience was under review to ensure that mealtimes were a social occasion for residents.

The next two sections of this report will present findings in relation to governance and management in the centre, and how this impacts on the quality and safety of the service being delivered. The levels of compliance are detailed under the individual regulations.

## Capacity and capability

This was an unannounced risk inspection, conducted by an inspector of social services to assess compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). Overall, this inspection found that residents were in receipt of a high standard of care in Skibbereen Community Hospital, by staff that were responsive to their needs.

It was evident that the provider had taken action to address the findings of the previous inspection relating to, the provision of activities for residents, infection prevention and control procedures, fire precautions, governance and management, care planning and complaints. All areas of non-compliance previously identified, in September 2021; had been satisfactorily addressed. This inspection of the centre found a good level of compliance with the regulations assessed. Nonetheless, some further actions was required and these are detailed under the relevant regulations.

The registered provider of this centre is the Health Service Executive (HSE). The organisational structure within the centre is clear, with roles and responsibilities understood by the management team, residents and staff. The management team

operating the day to day running of the centre consists of a person in charge and a clinical nurse manager (CNM). Up until the week prior to this inspection, the CNM had been covering the role as person in charge and had been in this position since October 2021; while the provider recruited a new person in charge. The Chief Inspector of Social Services had been informed, the week prior to this inspection, that a new person in charge had been appointed. They were present on the day of inspection and had the nursing and management experience, as required by the regulations.

Support was provided to the centres management team by a General Manager for Residential Services, who represented the provider. The centre also had off site additional support of a clinical development coordinator, human resources, and an infection prevention and control specialist. There was evidence of good communication at all levels of the organisation, which included residents meetings, daily handovers, staff meetings and management meetings. Improvements were noted in the monitoring of the service via audit, since the previous inspection. The provider completed a suite of audits on a monthly basis to monitor the care and service delivered and this information was used to implement quality improvements within the centre.

Improvements were also noted in the management of complaints and complaints were found to be recorded in line with regulatory requirements. Incidents within the centre were well documented and all had been reported to the Chief Inspector as required by the regulations. The inspector followed up on notifications submitted and these were adequately managed to support the care, welfare and safeguarding of residents.

There was good oversight of training needs and the training records within the centre were well maintained. Following the last inspection there was additional training in managing responsive behaviours and enhanced supervision of cleaning systems. This effect of this was evident in the improvements noted in responsive behavior care planning and in the level of cleanliness in the centre. All records as requested during the inspection were made readily available to the inspector. However, there was not always evidence of an induction for new staff, which is discussed further under Regulation 16.

Staffing numbers and skill-mix on the day of inspection was appropriate to meet the individual and collective need of the residents, and with due regard for the layout of the centre. In addition, the inspector noted that the allocation of staff to provide social care programmes for the residents, since the previous inspection, had a positive impact on the quality of life of residents living in Skibbereen Community Hospital.

## Regulation 14: Persons in charge

The Chief Inspector had been notified of a change of person in charge, eight days prior to this inspection. They worked full-time in the centre and had the required

<p>qualifications and experience, as per regulatory requirements.</p>
<p>Judgment: Compliant</p>
<p><b>Regulation 15: Staffing</b></p>
<p>From an examination of the staff duty rota and communication with residents and staff, it was found that the levels and skill-mix of staff, at the time of inspection, were sufficient to meet the needs of the 26 residents living in the centre. There were three registered nurses on duty during the day and two at night.</p>
<p>Judgment: Compliant</p>
<p><b>Regulation 16: Training and staff development</b></p>
<p>There was not always documentary evidence of a comprehensive induction programme, for newly-recruited staff, which was contrary to the centre's policy.</p>
<p>Judgment: Substantially compliant</p>
<p><b>Regulation 21: Records</b></p>
<p>Records were maintained in a neat and orderly manner and stored securely. Information and records required by schedule 2, 3 and 4 of the regulations were available for review. Staff personal files were maintained in line with the requirements of the regulations. All staff had appropriate An Garda Siochana (police) vetting before commencing employment in the centre.</p>
<p>Judgment: Compliant</p>
<p><b>Regulation 23: Governance and management</b></p>
<p>An annual review of the quality and safety of care delivered to residents, to ensure that such care is in accordance with relevant standards set by the Authority, had not been carried out. This is a regulatory requirement.</p>

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

All incidents and allegations had been reported in writing to the Chief Inspector, as required under the regulations, within the required time period.

Judgment: Compliant

### Regulation 34: Complaints procedure

A new system of recording complaints had been introduced, since the previous inspection of this centre, which met the regulatory requirements. A review of the complaints log indicated that a small number of complaints were submitted since the previous inspection.

Judgment: Compliant

## Quality and safety

Overall, this inspection found that residents were in receipt of a high standard of care by staff that were responsive to their needs. Residents' health, social care and spiritual needs were well catered for. Residents quality of life within the centre had been enhanced since the previous inspection with the provision of staff to provide a social programme for residents and availability of single bedrooms, which residents spoke positively about.

Staff used a variety of accredited assessment tools to complete a comprehensive assessment of each resident's needs such as their risk of falling, malnutrition, pressure related skin damage and mobility assessments among others. These assessments informed the care plans developed to meet each resident's assessed needs. Residents had timely access to general practitioner (GP) services and to health and social care professionals as requested by residents or required. Systems were in place for referral to specialist services such as dietetic, speech and language and palliative care.

A safeguarding policy provided guidance to staff with regard to protecting residents from the risk of abuse. Staff demonstrated an appropriate awareness of their safeguarding training and detailed their responsibility in recognising and responding to allegations of abuse. The inspector found that while restraint usage was being

appropriately monitored in the centre, the use of bedrails in the centre was high and needed to be addressed.

Significant improvements were noted with regards to fire safety. Following the previous inspection an immediate action was issued to the provider to address safe evacuation and the monitoring of daily and weekly fire checks. The centre was now in compliance with fire precautions and had addressed all areas that required to be actioned.

Residents were monitored for any signs and symptoms of COVID-19 and staff were observed to practice good infection control practices. The inspector acknowledges that residents and staff in the centre had been through a very challenging time, due to the COVID-19 pandemic. The centre had experienced an outbreak of COVID-19, in March 2022. The management team were planning on conducting a review of the outbreak, as per national recommendations, to identify what learning could be taken, if any, from the management of the outbreak. Improvements were noted in relation to the monitoring and oversight of cleaning within the centre, since the previous inspection.

### Regulation 11: Visits

The registered provider had arrangements in place for residents to receive visitors. Visiting was observed to be unrestricted and residents could receive visitors in either their private accommodation or a visitors room if they wished. The inspector met with two visitors on the day of this inspection, who were complementary about the care provided.

Judgment: Compliant

### Regulation 17: Premises

Improvements to the premises, in terms of decor were ongoing, with the aim of making it more homely for residents. The premises was appropriate to the number and needs of residents in the centre and conformed to the matters set out in Schedule 6. The previous inspection of this centre had found that there was insufficient storage for equipment. The provider had addressed this by allocating an additional room for storage. Equipment was found to be appropriately stored on this inspection.

Judgment: Compliant

## Regulation 27: Infection control

The following required to be addressed:

- An outbreak review had not been carried out by the provider, as per the recommendations of the Health Protection Surveillance Centre (HPSC), to identify areas for improvement and learning.
- Some bedside tables were observed to be rusted and therefore adequate cleaning could not be assured.

Judgment: Substantially compliant

## Regulation 28: Fire precautions

Significant improvements were noted in fire precautions since the previous inspection. Staff were knowledgeable and clear about what to do in the event of a fire, and what the fire evacuation procedures were. Fire exits were clearly visible and free from obstruction. Fire safety training and evacuation drills were carried out twice monthly. All equipment had preventive maintenance conducted at the recommended frequency. Personal emergency evacuation plans (PEEPs) were in place for each resident.

Judgment: Compliant

## Regulation 5: Individual assessment and care plan

Improvements were noted in assessment and care planning since the previous inspection. The inspector reviewed a selection of care records for residents with a range of health and social care needs. Following an initial assessment, care plans were developed to describe the care needs of the residents and how they were to be delivered. These were seen to be person-centred and were updated every four-months or more frequently, when there were any changes to the residents' care or condition, as per regulatory requirements.

Judgment: Compliant

## Regulation 6: Health care

Good standards of evidenced-based health and nursing care and support was

provided for residents in this centre. Residents had timely access GPs from a local practice, health and social care professionals, specialist medical and nursing services including psychiatry of older age, community palliative care and chiropody. Out-of-hours medical care was easily accessible. Recommendations were detailed in residents' care plans and were followed by staff, with good outcomes for residents. There was a very low incidence of pressure ulcer development in the centre.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

Staff delivered care appropriately to residents who had responsive behaviours. Training in responsive behaviours had been provided to all staff since the previous inspection. Improvements were noted in responsive behaviour care planning and in the use of assessment tools. However, as found on the previous inspection there was a high usage of bedrails in the centre (over 42%). There was not always evidence of alternatives being trialed.

Judgment: Substantially compliant

### Regulation 8: Protection

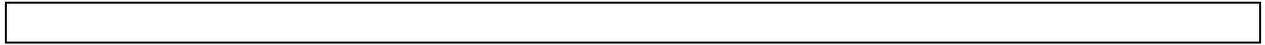
The inspector was satisfied with the measures in place to safeguard residents and protect them from abuse. Safeguarding training was up to date for staff. Any safeguarding issues identified were reported, investigated and appropriate action taken to protect the resident.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents' rights were respected in the centre and their choices were promoted by all staff. Residents had opportunities to participate in meaningful coordinated social activities, that supported their interests and capabilities. This was a noted improvement since the previous inspection. A detailed account of each resident's life was collated, including their personal stories, like and dislikes. This guided staff in ensuring that their quality of life in the centre was optimised.

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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Skibbereen Community Hospital OSV-0000598

Inspection ID: MON-0037078

Date of inspection: 28/06/2022

## 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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Nursing management have reviewed all newly-recruited team members' induction to update and ensure all necessary documentary evidence is in place. Going forward nursing management will ensure that the comprehensive induction programme is supported with documentary evidence as per the centres induction policy. [Expected date of completion 31/07/2022].</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>An Annual review is currently being carried out in Skibbereen Community Hospital. (Expected date of completion 31/08/2022)</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p>	

Nursing Management has since carried out an after action outbreak review with staff in Skibbereen Community Hospital identifying learnings and recognising improvements. These learnings are reflected in an updated contingency plan.

Bedside tables have been audited and removed from use where indicated, new bedside tables are being purchased and will be replaced on a phased basis

Regulation 7: Managing behaviour that is challenging	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:  
Nursing management have commenced a review of bedrail usage within the centre and exhaust all alternatives to reduce usage. All bedrail documentation will be reviewed to ensure that alternatives trialed are documented. [Expected date of completion 30/09/2022].

## 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 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	31/07/2022
Regulation 23(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.	Substantially Compliant	Yellow	31/08/2022
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and	Substantially Compliant	Yellow	09/08/2022

	control of healthcare associated infections published by the Authority are implemented by staff.			
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.	Substantially Compliant	Yellow	30/09/2022