

**Health Information and Quality Authority  
Regulation Directorate**

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



|   |  |
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| <b>Centre name:</b>                                       | Skibbereen Residential Care Centre                       |
| <b>Centre ID:</b>   | OSV-0000280  |
| <b>Centre address:</b>                                    | Baltimore Road,<br>Skibbereen,<br>Cork.                  |
| <b>Telephone number:</b>                                  | 028 23 617   |
| <b>Email address:</b>                                     | info@skibbcare.com                                       |
| <b>Type of centre:</b>                                    | A Nursing Home as per Health (Nursing Homes)<br>Act 1990 |
| <b>Registered provider:</b>                               | Skibbereen Residential Care Limited                      |
| <b>Provider Nominee:</b>                                  | Don Cahalane   |
| <b>Lead inspector:</b>                                    | Mairead Harrington                                       |
| <b>Support inspector(s):</b>                              | Mary O'Mahony  |
| <b>Type of inspection</b>                                 | Announced  |
| <b>Number of residents on the<br/>date of inspection:</b> | 47   |
| <b>Number of vacancies on the<br/>date of inspection:</b> | 3  |

## 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.

**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 Quality 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 inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

**The inspection took place over the following dates and times**

|                     |                     |
|---------------------|---------------------|
| From:               | To:                 |
| 14 March 2016 10:00 | 14 March 2016 18:00 |
| 15 March 2016 09:00 | 15 March 2016 15:00 |

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

| <b>Outcome</b>  | <b>Our Judgment</b>      |
|---|--------------------------|
| Outcome 01: Statement of Purpose                                      | Compliant                |
| Outcome 02: Governance and Management                                 | Substantially Compliant  |
| Outcome 03: Information for residents                                 | Compliant                |
| Outcome 04: Suitable Person in Charge                                 | Compliant                |
| Outcome 05: Documentation to be kept at a designated centre           | Substantially Compliant  |
| Outcome 06: Absence of the Person in charge                           | Compliant                |
| Outcome 07: Safeguarding and Safety                                   | Substantially Compliant  |
| Outcome 08: Health and Safety and Risk Management                     | Non Compliant - Moderate |
| Outcome 09: Medication Management                                     | Substantially Compliant  |
| Outcome 10: Notification of Incidents                                 | Non Compliant - Moderate |
| Outcome 11: Health and Social Care Needs                              | Compliant                |
| Outcome 12: Safe and Suitable Premises                                | Compliant                |
| Outcome 13: Complaints procedures                                     | Compliant                |
| Outcome 14: End of Life Care  | Compliant                |
| Outcome 15: Food and Nutrition  | Compliant                |
| Outcome 16: Residents' Rights, Dignity and Consultation               | Non Compliant - Moderate |
| Outcome 17: Residents' clothing and personal property and possessions | Compliant                |
| Outcome 18: Suitable Staffing   | Compliant                |

**Summary of findings from this inspection**

This report sets out the findings of an announced inspection at Skibbereen Residential Care Centre following an application by the service provider to renew registration. This was the sixth inspection of this centre. This centre was previously the subjective of a thematic inspection on 19 June 2014 which found good compliance in the areas of nutrition and end of life care. A copy of that report is

available at [www.hiqa.ie](http://www.hiqa.ie). Where regulatory non-compliances were identified the provider demonstrated a commitment and capacity to implement the required improvements.

During this inspection the inspectors met with residents, the provider, the person in charge and other members of staff. The inspection included observation of practices and a review of documentation such as care plans, medical records, policies and administration records. The inspection also involved an assessment of the physical premises and health and safety provisions. Residents spoken with reported positively on the quality and standard of care they received. The centre was comfortable and well serviced throughout.

The findings of the inspection are set out under 18 Outcome statements. These Outcomes set out what is expected in designated centres and are based on the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

The inspectors were satisfied that the centre continued to operate in substantial compliance with both the regulations and the conditions of its registration. Areas for improvement identified in the course of this inspection included risk management, documentation and practice in relation to the use of closed circuit visual recording and the return of notifications as required by the regulations.

**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 Quality Standards for Residential Care Settings for Older People in Ireland.**

***Outcome 01: Statement of Purpose***

***There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.***

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

The inspector reviewed the statement of purpose and found that it complied with all the requirements of Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. A copy of the statement of purpose was readily available for reference. It consisted of a statement of the aims, objectives and ethos of the centre and summarised the facilities available and services provided. The statement of purpose was kept under appropriate review.

**Judgment:**

Compliant

***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):**

No actions were required from the previous inspection.

**Findings:**

A clearly defined management structure was in place with care directed through the person in charge who was employed on a full-time basis. Effective communication

systems were in place between the provider and person in charge and the provider was in regular attendance on site. The person in charge reported that the provider was responsive and effective in the provision of support and resources.

A quality management system was in place that included a comprehensive schedule of audits to analyse data in relation to the quality of care, for example medication management, nutrition, falls and environmental risk assessments. The provider and person in charge articulated an understanding of the value of, and the processes involved, in reviewing and monitoring the quality and safety of the care provided and a system was in place whereby all data was reviewed on a two monthly basis. Processes for consultation included resident meetings and advocacy arrangements were also in place. However, the annual quality review was incomplete and required further development in order to adequately reflect the requirements of the regulations.

Where areas for improvement were identified in the course of the inspection both the provider and person in charge demonstrated a responsive approach to addressing these issues and a commitment to compliance with the regulations.

**Judgment:**  
Substantially Compliant

***Outcome 03: Information for residents***  
***A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.***

**Theme:**  
Governance, Leadership and Management

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

**Findings:**  
A comprehensive guide was available to residents which outlined the services and facilities of the centre and also provided information and contact details of useful organisations such as advocacy services. Each resident had a written contract, signed and dated, which outlined fees and services to be provided in relation to care and welfare. A sample of those reviewed contained the information required by the regulations such as the services to be provided, arrangements for the receipt of financial support where applicable and a list of other services available and any related cost.

**Judgment:**  
Compliant

***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***

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| <i>the service.</i>  |
| <p><b>Theme:</b><br/>Governance, Leadership and Management</p>   |
| <p><b>Outstanding requirement(s) from previous inspection(s):</b><br/>No actions were required from the previous inspection.</p> <p><b>Findings:</b><br/>There had been no change to this appointment since the previous inspection. The person in charge was a long standing member of staff, employed on a full-time basis, with extensive experience in clinical care and qualified in keeping with the requirements of the post. Throughout the course of the inspection the person in charge demonstrated a professional approach that included a commitment to a culture of improvement along with a well developed understanding of the statutory responsibilities associated with the role. The person in charge held appropriate authority, accountability and responsibility for the provision of service.</p> |
| <p><b>Judgment:</b><br/>Compliant</p>  |

***Outcome 05: Documentation to be kept at a designated centre***  
***The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.***

**Theme:**  
Governance, Leadership and Management

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

**Findings:**  
Current, site-specific policies were in place for all matters detailed in Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. However, the fire safety and evacuation plan and the safety statement were out of date. Additionally, the definition of an enabler in the restraint policy did not reflect national guidance and required review. Copies of the relevant standards and regulations were maintained on site. Staff spoken with demonstrated a satisfactory understanding of the policies discussed and their application in practice; for example procedures around safeguarding and safety and the management of infection

control.

Records checked against Schedule 2, in respect of documents to be held in relation to members of staff, were in keeping with requirements. Other records to be maintained by a centre as specified by Schedule 4 were in place including for example, a log of complaints, records of notifications and a directory of visitors.

Resident records checked were complete and contained information as detailed in Schedule 3, including care plans, assessments, medical notes and nursing records.

Policies, procedures and guidelines in relation to risk management were up-to-date and available as required by the regulations, including fire procedures, emergency plans and records of fire training and drills. Maintenance records for equipment including hoists and fire-fighting equipment were also available. Records and documentation were securely controlled, maintained in good order and retrievable for monitoring purposes.

A current insurance policy was available verifying that the centre was adequately insured against accidents or injury to residents, staff and visitors.

The directory of residents was viewed by the inspector and found to contain the relevant information as required by the regulations including biographical information and contact details for relatives and the resident's general practitioner.

**Judgment:**

Substantially Compliant

***Outcome 06: Absence of the Person in charge***

***The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.***

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

The person in charge and the registered provider were aware of their statutory obligation to inform the Chief Inspector of any proposed absence of the person in charge for a continuous period of 28 days or more. Arrangements were in place to cover any such absence by the person in charge and inspectors were satisfied that this member of staff was suitably qualified and demonstrated the necessary level of experience and knowledge to fulfil this role.

**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:**

There was a policy on, and procedures in place for, the prevention, detection and response to abuse. This policy had been reviewed in February 2016 and reflected the provisions of the current national policy on safeguarding vulnerable adults which came into effect in December 2014.

A comprehensive training programme was in place and staff had received training in safeguarding and protection in January and February of this year. Those staff members spoken with had received training and understood how to recognise instances of abuse and were aware of the appropriate reporting systems in place.

Residents spoken with stated they felt safe and well minded in the centre and were clear on who was in charge and who they could go to should they have any concerns they wished to raise. There was no record of instances of abuse or any allegations having been reported.

There was a policy and procedure on the management of residents' accounts and personal property dated February 2016. Systems in place to safeguard residents' money included the recording of transactions with receipts and entries witnessed by a second signatory. The administrator responsible for this process demonstrated the procedures and safeguards in place. Processes to monitor systems that safeguard residents' personal finances included audit procedures. A sample of transactions were reviewed where documentation was in keeping with protocols and balances reconciled with records. The centre was also subject to a review of finances by an external auditor on an annual basis. The policy stated that a bank account would be opened on behalf of the resident for whom finances were being managed. However, for a number of residents this was not the case and those finances were being managed collectively.

A current policy and procedure was in place in relation to managing challenging behaviours. Staff spoken with demonstrated the appropriate skills and knowledge to respond to, and manage the behaviours and psychological symptoms of dementia and staff were seen to reassure residents and divert attention appropriately to reduce anxieties. The restraint policy, reviewed in February 2016, promoted a restraint free environment. However, information around the definition of an enabler in this policy did

not reflect national guidance and required review. Action in this regard is recorded against Outcome 5 on Documentation. 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 consent forms. Nursing notes reflected regular monitoring and review of restraints in accordance with standard requirements.

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

**Findings:**  
Action in relation to previous findings on manual handling training had been addressed and the centre retained the services of a physiotherapist who was qualified to deliver training in this area. A risk management policy dated February 2016 was in place covering the required areas in relation to unauthorised absence, assault, accidental injury, aggression, violence and self-harm. A fire and safety certificate was in place dated 23 February 2016. However, other documents that were out of date and required review included the safety statement and the fire safety and evacuation plan – action in this regard is recorded against Outcome 5 on Documentation.

A fire safety register was in place which demonstrated that appropriate daily, weekly and monthly checks were completed. Fire drills were conducted regularly in keeping with statutory requirements. Regular fire training was provided and records indicated that staff had received current fire training on 25 February 2016. Suitable fire equipment was available throughout the centre which was regularly maintained and serviced and documentation was available to confirm this. Regular checks of fire prevention and response equipment were in place including emergency lighting and fire extinguishers.

The centre had a smoking area with glass panelling for supervision and which was appropriately equipped with a fire blanket. Risk assessments had been completed for those residents who smoked. A risk register was in place which identified a number of risks and described actions taken in response to these risks. However, this register did not reflect assessments around the level of risk presented, or circumstances and timeframes for review. For example, a risk had been identified in relation to compartmentalisation of one section of the premises for fire evacuations. The provider and person in charge confirmed that measures to address this issue were in train and that interim evacuation procedures were in place which had been approved by a

competent fire authority. However, the risk register did not reference these circumstances or the measures in place to manage the risk or any time frames for its review.

Adequate measures were in place to prevent accidents on the premises such as grab-rails in toilets and hand rails along corridors. Call bells were fitted in all rooms where required. Emergency exits were clearly marked and unobstructed. Routine health and safety checks were undertaken including regular audits of the environment including bedrooms and the kitchen area. Incident and accident logs were maintained and included relevant information around the circumstances of events; these were reviewed by the person in charge and any learning was conveyed through staff meetings and the circulation of information memoranda.

Inspectors saw evidence of an effective, regular cleaning routine and practices that protected against cross contamination included the use of a colour coded cleaning system. Infection control training was provided regularly with a programme scheduled for delivery in April 2016. Sluice rooms and bathrooms were appropriately equipped and hazardous substances were securely stored. Staff spoken with understood infection control practices and staff were observed using personal protective equipment appropriately. Sanitising hand-gel was readily accessible and seen to be in regular use by staff. Copies of environmental reports were available that confirmed actions taken on previous recommendations. Bathroom and toilet facilities were appropriate to the needs and layout of the centre.

**Judgment:**

Non Compliant - Moderate

***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):**

No actions were required from the previous inspection.

**Findings:**

Appropriate policies and procedures were in place around medication management and as required by the regulations in relation to storage, administration and disposal. Residents could exercise choice in their preference of pharmacist or general practitioner (GP). The person in charge explained that effective arrangements were in place with the pharmacist to support service provision to the residents and that the pharmacist regularly attended the centre and completed audits on at least a yearly basis. The person in charge also conducted quarterly audits. Medication related records were accessible and securely maintained. Controlled drugs were recorded and stored securely in keeping with requirements. Where medications required refrigeration appropriate monitoring, including a temperature log, was in place. There were systems to record

and review medication related errors. Staff responsible for administering medications were appropriately trained. No residents were self-medicating at time of inspection.

Medication prescription sheets were current and contained the necessary biographical information in keeping with statutory requirements. Prescribed medicines were signed by a GP and times for administration were provided. Medication administration sheets contained the signature of the nurse administering the medication and identified the medications on the prescription sheet. A medication administration round was observed by the inspector and practices demonstrated were in keeping with the relevant national guidelines. However, it was noted that a generic painkiller, prescribed for a named resident, was also being administered to other residents which was not in keeping with best practice. Medications were reviewed by the GP as required and at least on a quarterly basis.

**Judgment:**  
Substantially Compliant

***Outcome 10: Notification of Incidents***  
***A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.***

**Theme:**  
Safe care and support

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

**Findings:**  
The use of bed-rails was not being recorded as part of the quarterly returns to the Authority as required by the regulations. All other notifications were being recorded and submitted in keeping with statutory requirements.

**Judgment:**  
Non Compliant - Moderate

***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):**

No actions were required from the previous inspection.

**Findings:**

There were suitable arrangements in place to meet the health and nursing needs of residents. Comprehensive assessments were carried out on admission and care plans were developed in line with residents' changing needs. Residents and their families, where appropriate were involved in the care planning process, including end of life care plans which reflected the wishes of residents. Residents had access to allied healthcare professional services such as dietetics, speech and language therapy and occupational therapy. The centre retained the services of a physiotherapist on-site who also had responsibility for delivering the training programme in manual handling. The centre had access to palliative care services and care plans recorded input accordingly. The provider ensured that the services of a general practitioner (GP) were acceptable and made available to residents as necessary.

A number of care plans were reviewed and these were found to be person-centred and maintained in keeping with regulatory requirements. Care plans reviewed contained the necessary information to guide staff in their care of residents and were updated routinely on a four monthly basis or in keeping with the changing needs of the resident. Daily narrative notes were maintained. The care planning process involved the use of validated tools to assess residents' risk of falls, nutritional status, level of cognitive impairment and skin integrity. Pain management plans were in place where necessary. Care plans reviewed documented records of consultation with families. Feedback from the relatives of residents confirmed that communication with staff and management was effective and that they were kept informed of their relative's care. Documentation and correspondence in relation to hospital transfers were available for reference on resident care plans.

Effective systems of communication were in place to ensure staff were made aware of the needs, or changing needs, of residents including daily handover meetings. A record of residents who were on special diets such as diabetic and fortified diets or fluid thickeners was maintained and intake/output charts were in place as necessary. Measures to encourage the prevention of ill health were in place; standard observations such as blood pressure, pulse and weight were regularly recorded. Catering staff spoken with by inspectors understood the dietary needs of residents and explained that systems were in place to ensure that they were made aware of any changes around diet and nutrition as necessary.

**Judgment:**

Compliant

***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):**

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

**Findings:**

The premises comprised a single storey building, constructed in 2004, set back slightly from the main road. There was sufficient parking for a number of cars at the front of the building which was also the designated fire assembly point. The size and layout of the premises was in keeping with the statement of purpose and adequate to the needs of the residents. It provided 34 single and 8 twin bedrooms, all with access to appropriate ensuite facilities. The dimensions of rooms, corridors and communal areas were in keeping with regulatory requirements and adequate for the use of assistive equipment where necessary. The premises were constructed around a central courtyard that provided a secure outdoor area for residents and visitors. The entrance led into a large reception area, through which you could also access the courtyard. The reception area provided a number of comfortable seats that residents were seen to use regularly, there was also a large fish tank against one wall. A large dining area was to the left of reception leading on to one wing of the building and included resident accommodation, kitchen facilities, storage, laundry and staff facilities. To the other side of reception were the main communal sitting and living rooms, an oratory and a meeting room where residents could receive visitors in private if they so wished. The kitchen area was bright and well equipped. Overall the premises were well decorated with sufficient space for storage of supplies and equipment. The premises were well maintained with suitable, lighting, heating and ventilation. Residents spoken with said that they were comfortable and content with the accommodation. The centre was laid out in such a way that all accommodation had the benefit of natural light. Clinical waste was stored securely in an appropriate location removed from the residential area. Laundry facilities were well equipped and adequately staffed.

**Judgment:**

Compliant

***Outcome 13: Complaints procedures***

***The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.***

**Theme:**

Person-centred care and support

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

No actions were required from the previous inspection.

**Findings:**

There was a complaints policy in place dated February 2016 and the complaints procedure was displayed prominently in 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 inspectors reviewed the complaint records on file and noted that records were maintained about each complaint with 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, including advice provided to complainants on related procedures. Inspectors were satisfied that the system for dealing with complaints was in keeping with statutory requirements and effectively implemented.

**Judgment:**

Compliant

***Outcome 14: End of Life Care***

***Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.***

**Theme:**

Person-centred care and support

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

No actions were required from the previous inspection.

**Findings:**

This centre had been the subject of a thematic inspection around end of life care in June 2014 when it had been found to be compliant. The findings of this inspection were consistent with this outcome. Relevant policies were in place around end of life care dated February 2016 which provided comprehensive guidance to staff. A record of staff having read and familiarised themselves with the policies was also maintained. A sample of care plans reviewed contained relevant information around end of life care planning and documentation indicated residents were consulted about their wishes in the event of becoming unwell. There was evidence that residents received care at the end of their life which met their physical, emotional, social and spiritual needs. Records indicated that efforts were made to ensure residents were not transferred to acute services unnecessarily and the centre had access to the services of a specialist palliative care team that attended regularly and also supported training provision to staff.

The centre respected diverse religious beliefs and the policy in place provided guidance to staff accordingly. The person in charge described memorial events for deceased

residents that took place annually. The centre had a small oratory and the person in charge explained that residents could be reposed privately in this space if they so wished. Family and friends were facilitated to be with their loved one with light refreshments and private resting space available if necessary.

**Judgment:**  
Compliant

***Outcome 15: Food and Nutrition***

***Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.***

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

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

**Findings:**

This centre had been the subject of a thematic inspection around food and nutrition in June 2014 when it had been found to be compliant. The findings of this inspection were consistent with this outcome. There were robust, site-specific policies dated February 2016 in relation to nutrition and hydration. Policies provided appropriate guidance on the recording of information. The inspector spoke with a member of kitchen staff who had relevant experience and had received appropriate training in food management and safety. The staff member described effective communication systems to ensure residents received meals according to their needs and preferences. Records of dietary requirements were documented and readily available for reference in the kitchen. The kitchen was well equipped and facilities were appropriate to the requirements of the layout and occupancy of the centre.

The nutritional needs of residents were assessed on admission and reviewed regularly or as circumstances required. Where necessary weight records were maintained and nutritional status was assessed using a standardised nutritional assessment tool. Access to allied healthcare professionals such as a dietician or speech and language therapist was facilitated and referrals where necessary were timely and in keeping with the needs of residents.

Residents could exercise choice around when and where they took breakfast, either in their rooms or in the dining area. A lunch menu for the day was on display which offered a starter, choice of main courses and dessert. Inspectors observed that snacks and refreshments were available and offered regularly throughout the day. Staffing levels were appropriate with care staff available to provide assistance with eating for residents as required. Inspectors observed mealtime service and noted that residents were provided with the meals of their choice which were freshly prepared, nutritious and



appetising in presentation. Residents spoken with were complimentary of the food and pleased with both the variety and quality.

**Judgment:**

Compliant

***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):**

No actions were required from the previous inspection.

**Findings:**

Arrangements were in place to facilitate residents' consultation and participation in the organisation of the centre including a residents' representative committee. There was an advocacy policy and statement in place dated February 2016. A nominated advocate regularly attended the centre and also routinely consulted with residents on an individual basis. Records of minutes of these meetings were available for reference. The centre had dedicated activity coordinators and a scheduled activities programme was in place that was diverse and included music, bingo, hand massage, card games and baking. An activities log was maintained that identified the residents attending and their level of participation. The resident physiotherapist was responsible for the development and delivery of a regular schedule of physical exercise programmes. Residents had the opportunity to participate in meaningful activities, those spoken with indicated they could enjoy pursuing personal interests and spiritual devotions such as prayer meetings. Residents said they felt well cared for and supported in their choices. Residents were seen to enjoy a level of independence appropriate to their assessed abilities.

The inspectors found the atmosphere at the centre was friendly and homely; both residents and relatives spoken with commented positively on the attitude and standard of care provided by staff and staff routinely observed courtesies in their exchanges with residents. Staff spoken with also understood and demonstrated appropriate techniques in managing communication where residents had a cognitive impairment or other difficulties communicating. The centre demonstrated a commitment to promoting an appropriate physical environment for residents presenting with dementia and one communal area had been creatively illustrated with murals of a traditional farmhouse interior. Staff also had a good knowledge and understanding of residents' backgrounds and interests.

Inspectors observed a regular attendance of visitors and there was an open visiting

policy in place with no restricted visiting times. A number of visiting rooms were available, both communal and private, and residents could also receive visitors in their rooms.

The statement of purpose described the ethos of the centre as one of “maximising personal control, enabling choice and respect for dignity”. Throughout the inspection the interactions and attitude of staff and management demonstrated a commitment to this ethos and person-centred care. However, it was noted that closed circuit visual recording was in place in communal areas of the centre including sitting and dining rooms. Both policy on the use of this technology, and procedure around signage, required review in keeping with relevant data protection legislation and guidance to reflect appropriate consideration of resident, visitor and employee rights in relation to privacy.

**Judgment:**

Non Compliant - Moderate

***Outcome 17: Residents' clothing and personal property and possessions***  
***Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.***

**Theme:**

Person-centred care and support

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

No actions were required from the previous inspection.

**Findings:**

There was a policy on residents' personal property and possessions dated February 2016. An inventory of individual resident belongings was maintained and available for reference. Appropriately equipped laundry facilities were in place and staff were able to demonstrate effective systems of laundry management and labelling to ensure that residents retained control over their personal items of clothing.

**Judgment:**

Compliant

***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):**

No actions were required from the previous inspection.

**Findings:**

Inspectors reviewed the staff rota and were satisfied that the staff numbers and skill mix were appropriate to meet the needs of the residents having consideration for the size and layout of the centre. All staff were appropriately trained in mandatory areas such as elder abuse, fire procedures and manual handling. At time of inspection the system of supervision was directed through the person in charge with designated administrative support. Management systems were in place to ensure that information was communicated effectively and minutes of staff meetings were available for reference. There was a clearly defined management structure that identified the lines of authority and accountability. A schedule of staff appraisals was in place. Supervision was also implemented through monitoring and control procedures such as audit and review. An appropriately qualified, registered nurse was on duty at all times. Copies of the standards and regulations were readily available and accessible by staff. The qualifications of senior nursing staff and their levels of staffing also ensured appropriate supervision at all times. Staff spoken with were competent to deliver care and support to residents and were aware of their statutory duties in relation to the general welfare and protection of residents. Staff spoken with confirmed that they were supported to attend training as required.

Inspectors reviewed recruitment and training records and procedures and spoke with staff and management in relation to both these systems. Recruitment and vetting procedures were robust and verified the qualifications, training and security backgrounds of all staff. A sample of staff files was reviewed and documentation was appropriately maintained as per schedule 2 of the regulations. A record of current professional registration details was in place. Appropriate documentation was in place for volunteers.

**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 report<sup>1</sup>

|                            |                                    |
|----------------------------|------------------------------------|
| <b>Centre name:</b>        | Skibbereen Residential Care Centre |
| <b>Centre ID:</b>          | OSV-0000280                        |
| <b>Date of inspection:</b> | 14/03/2016                         |
| <b>Date of response:</b>   | 19/04/2016                         |

### 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 is failing to comply with a regulatory requirement in the following respect:**

The annual quality review was incomplete and required further development in order to adequately reflect the requirements of the regulations.

#### **1. Action Required:**

Under Regulation 23(d) you are required to: Ensure there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that

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

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.

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

We will prepare an annual review of the quality and safety of care delivered to residents in our home to ensure that such care is in accordance with relevant standards as set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act. It will be prepared in consultation with the residents and their families and a copy of the review will be made available to the residents and the Authority. This review will result from data collected in our Quality Management System and from surveys carried out.

**Proposed Timescale:** 13/05/2016

**Outcome 05: Documentation to be kept at a designated centre**

**Theme:**

Governance, Leadership and Management

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

Policies requiring review or update included:

- fire safety and evacuation plan,
- safety statement,
- definition of an enabler in the restraint policy.

**2. Action Required:**

Under Regulation 04(3) you are required to: Review the policies and procedures referred to in regulation 4(1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.

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

The Safety statement is scheduled to be reviewed on 28th April 2016.

The fire safety and evacuation plan is being reviewed and updated.

The restraint policy will be reviewed and updated in accordance with best practice to correctly define an enabler.

**Proposed Timescale:** 13/05/2016

**Outcome 07: Safeguarding and Safety**

**Theme:**

Safe care and support

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

Measures to protect residents from potential financial abuse included a policy stating bank accounts would be opened on behalf of residents for whom finances were being managed. However, for a number of residents this was not the case.

**3. Action Required:**

Under Regulation 08(1) you are required to: Take all reasonable measures to protect residents from abuse.

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

At the time of inspection all centre policies were under renewal and review. The policy has now been amended to reflect current centre practice. The policy now states 'An account is maintained by the Administrator on behalf of the resident and records are kept of all incoming and outgoing payments'.

This account information is issued monthly to each resident/family member

**Proposed Timescale:** 19/04/2016

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

**Theme:**

Safe care and support

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

The risk register did not reference a risk around compartmentalisation that had been identified in relation to fire evacuation.

**4. 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:**

The risk register now includes the identification and assessment of the risk around compartmentalisation.

**Proposed Timescale:** 19/04/2016

**Theme:**

Safe care and support

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

The risk register did not reference the circumstances or measures in place to manage a risk in relation to compartmentalisation and fire evacuation.

**5. Action Required:**

Under Regulation 26(1)(b) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.

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

The risk management policy now includes the measures and actions in place to control the risks identified.

**Proposed Timescale:** 19/04/2016

### **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:**

A generic painkiller, prescribed for a named resident, was also being administered to other residents which was not in keeping with best practice.

**6. 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:**

All medicinal products are clearly labelled for each resident and any prescribed generic painkillers are held in an individual container for each resident.

**Proposed Timescale:** 19/04/2016

### **Outcome 10: Notification of Incidents**

**Theme:**

Safe care and support

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

The use of bed-rails was not being recorded as part of the quarterly returns to the Authority as required by the regulations.

**7. Action Required:**

Under Regulation 31(3) you are required to: Provide a written report to the Chief Inspector at the end of each quarter in relation to the occurrence of any incident set out in paragraphs 7(2) (k) to (n) of Schedule 4.



**Please state the actions you have taken or are planning to take:**  
The use of bedrails will be included in the quarterly notifications going forward.

**Proposed Timescale:** 19/04/2016

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

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

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

Closed circuit visual recording was in place in communal areas of the centre including sitting and dining rooms.

**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:**

In accordance with the data protection guidelines the CCTV policy will be reviewed and the CCTV will be disconnected in communal areas.

**Proposed Timescale:** 13/05/2016