

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Skibbereen Community Hospital
Centre ID:	OSV-0000598
Centre address:	Coolnagarrane, Skibbereen, Cork.
Telephone number:	028 21677
Email address:	skibbereen.chsouth@hse.ie
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Lead inspector:	Mary O'Mahony
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	29
Number of vacancies on the date of inspection:	11

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 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:
17 January 2018 11:00	17 January 2018 18:00
18 January 2018 09:30	18 January 2018 17:00

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Non Compliant - Moderate
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Non Compliant - Moderate
Outcome 09: Medication Management	Compliant
Outcome 11: Health and Social Care Needs	Substantially Compliant
Outcome 12: Safe and Suitable Premises	Non Compliant - Major
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	Non Compliant - Moderate
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

This inspection of Skibbereen Community Hospital was announced and took place over two days. The provider had applied to renew the registration of the centre in line with the requirements of the Health Act 2017.

The centre consisted of a single-storey building located on a Health Service Executive (HSE) site. At the time of inspection the centre provided long-stay, respite, community support and palliative care to the older population of Skibbereen and the surrounding area. The centre was registered to cater for the needs of 40 residents. On the days of inspection there were eleven vacancies. Throughout the inspection the inspector spoke with staff, residents and relatives. Family, friends and residents spoke highly of the care in the centre and the pre-inspection questionnaires all

outlined satisfaction with the service provided. The inspector observed care practices, reviewed documentation such as care plans, audit records, incident reports, fire safety, health and safety documentation and staff files. The person in charge was found to be an experienced nurse with the appropriate management skills. He was easily accessible to staff, residents and relatives. The inspector found that residents' medical and social needs being met and that they were supported by staff to maintain their independence where possible.

The findings of the inspection were based on the requirements 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. While the premises was found to be very clean and in good repair the inspector found that there were numerous issues of non-compliance in relation to the design and layout as regards the legislative requirement to protect and promote the privacy and dignity of residents.

The inspector spoke with the provider representative for the HSE on inspection. The previous registration of the centre had been granted on the condition that, "the physical environment in the designated centre must be reconfigured as outlined in the plans submitted to the Chief Inspector on April 2016. The reconfiguration must be complete by end of 2018". The provider stated that the condition would be breached as it would not be met in the timeframe previously set out. The first action plan response received from the provider was not specific or timely and the provider was asked to submit a second more-specific action plan in relation to the proposed dates for commencement and completion of the improvements for the enhancement of the lived experience of residents in the centre. The provider informed HIQA that planning permission for the required renovations had been applied for in February 2018 and that the improvements were now proposed to be completed in 2020. The action plan at the end of this report sets out the actions to be taken to bring the centre into compliance with 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 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 statement of purpose was viewed by the inspector. It described the aims, ethos and services of the centre. It contained the information required in schedule 1 of the regulations.

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):

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

Findings:

The quality of care and experience of residents was monitored and reviewed on an ongoing basis. Effective management systems were in place to ensure the delivery of safe, quality care services. There was a clearly defined management structure in the centre which set out the lines of authority and accountability. Audit of the quality and

safety of care delivered to residents was robust and frequent. Improvements were brought about as a result of learning from these reviews, according to minutes of staff meetings seen by the inspector. There was evidence of consultation with residents and their representatives. A quality improvement plan was underway in the centre. Minutes of staff meetings were viewed and staff supervision and appraisals were on-going. The person in charge had the support of a knowledgeable assistant person in charge.

The annual review for 2017 was compiled and was being prepared for residents' review at the time of inspection. Staff had the required garda vetting clearance in place and were not employed without this being secured, according to the person in charge.

However, the provider had failed to put sufficient resources in place to ensure the effective, safe and appropriate delivery of care in accordance with the statement of purpose. In particular, there were inadequate arrangements in place to meet the privacy and dignity needs of residents as set out in section 11 of Schedule 2 of the regulations. This was addressed also in the introduction to this report.

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):

No actions were required from the previous inspection.

Findings:

The person in charge was actively involved in the day to day organisation and management of the service. Staff, residents and relatives reported that the person in charge was approachable and very capable to manage the centre. The person in charge demonstrated in-depth clinical knowledge and was aware of his responsibilities under the Regulations and the National Standards. He was engaged in continuous professional development including post-graduation qualifications as well as regular attendance at external training courses and conferences. He had forged good relationships with all levels of management and staff and led an interested and enthusiastic team .

Judgment:

Compliant

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:

The records listed in Schedules 2, 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 were maintained accurately and were easily accessible. The designated centre was adequately insured against accidents or injury to residents, staff and visitors. Insurance certification was viewed to this effect. The policies required under Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) were in place and were seen to be reviewed regularly. These referred to best evidence-based practice and referenced national policies and guidelines. Staff were aware of the policies and the assistant person in charge stated that these were implemented and explained on a monthly basis. Staff had signed when they had read the policies. Complaints and incidents were documented. A copy of the statement of purpose, the residents' guide and previous inspection reports were available to residents and were up-to-date.

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:

Policies and procedures were in place for the prevention, detection and response to

abuse. The policy referenced best evidence based practice and to updated national guidelines. Staff with whom the inspector spoke were knowledgeable of the types of abuse and what to do in the event of an allegation, suspicion or disclosure of abuse. Staff stated that they received regular training courses in this area of mandatory training. Residents stated they felt safe and attributed this to the kindness of staff. One staff member was designated to act as the safeguarding officer for residents.

Systems were in place to safeguard residents' money and these were monitored by the provider and financial administration. Two staff members signed for any residents' monies lodged or withdrawn. A sample of records checked were seen to be in order. Each resident had a separate envelope of invoices and receipts for any personal spending.

A restraint-free environment was promoted. Bedrails were in use at the time of inspection and their use had been risk assessed and consented for. Risk assessments had been carried out for those at risk of falls and 'cushioned' or 'alarm' mats were used as an alternative to bedrails.

A policy on managing behaviour which was related to the behavioural and psychological symptoms of dementia (BPSD) was in place. Efforts were made to identify and alleviate the underlying causes of such behaviour. Documentation was in place to indicate that distraction and de-escalation techniques were employed as a first response. Staff spoken with were aware of this policy and had received appropriate training to update their knowledge and skills.

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:
The health and safety statement was updated every three years. This was last done in May 2017. Aspects of health and safety were included on the agenda of staff meetings. Risk assessments were specific to the centre and to individual resident's safety. For example, controls were in place for residents who were prone to falling. In addition, handrails were available on each corridor, grab-rails were seen next to toilets and an activity group attended the centre twice weekly to support residents with mobility and activities.

Arrangements were in place for responding to emergencies. Suitable fire equipment was provided and checked. The fire alarm panel and emergency lighting were serviced regularly. Emergency lighting was last serviced on 07/09/2017 and was scheduled. These records were viewed by the inspector. Staff received training in fire safety. However, not all staff had received the mandatory fire training provided by a suitably qualified person. The person in charge had written to all staff involved to remind them of their regulatory requirement to attend all mandatory training. In addition, all staff had not attended a fire drill on a regular basis and were not all aware of where to access the personal evacuation plans for residents. This was addressed immediately and pertinent information was added to the daily handover sheet by the assistant person in charge to identify the evacuation and mobility needs of residents. Fire training was organised for the remaining staff.

The procedures in place for the prevention and control of infection were satisfactory. For example, hand gels were in place and hand-wash facilities were easily accessible. Posters to guide staff and visitors on correct hand-washing procedures were prominently located which indicated that infection control procedures were robust. The disposal of clinical waste followed the required guidelines.

Records viewed by the inspector confirmed that staff were trained in appropriate aspects of care in accordance with their role and that relevant equipment was serviced when required. CCTV cameras were placed on outdoor areas of the centre for security reasons. Signage was displayed to alert people to the presence of these cameras.

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):

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

Findings:

Policies were in place relating to the ordering, prescribing, storing and administration of medications. The inspector found that medicines were administered, prescribed, stored and disposed of appropriately, in line with An Bord Altranais agus Cnáimhseachais na hÉireann Guidance to Nurses and Midwives on Medication Management (2007). Photographic identification was available on the medicine administration charts for each resident to ensure the correct identity of the resident receiving the medication. This minimised the risk of medication error. Medicine management was the subject of regular audit. Nursing staff had undertaken medication management training. The inspector

reviewed the documentation and records of controlled medicines and this was found to be in line with relevant professional guidance for nurses. Medicine management was subject to audit. In the sample of documents reviewed the inspector found that all staff had signed when medications had been administered.

Judgment:
Compliant

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:

The person in charge stated that residents in the centre accessed the services of a team of general practitioners (GPs) who visited the centre as required and conducted three-monthly resident medication reviews. Documentation to this effect was seen in a sample of residents' files reviewed. Residents who were on respite stay or in community support beds were facilitated to retain their own GP.

Access to allied health professionals had improved since previous inspections. A sample of residents' files contained documentary evidence of recent input from professionals such as dieticians, chiropody, physiotherapists and speech and language therapists. The assistant person in charge indicated that these were still a scarce resource and that the needs of community support residents and respite residents were often prioritised. For example, access to an occupational therapist (OT), for long-term residents, was still limited except through a private referral system.

Clinical assessments were seen to be completed for a sample of 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 following the assessments. Manual handling assessments, weight and blood pressure checks, MUST (malnutrition universal screening tool) and other evidenced-based tools were used to evaluate each resident's health and nutrition status.

Care plans were person-centred and updated on a four-monthly basis. A new suite of care planning documentation had been put in place since the previous inspection. The assistant person in charge stated that these were more comprehensive. She stated that

training was being offered in the use of the documentation and that while there were still some issues to be resolved, staff had engaged well with the new process. Relatives and residents who spoke with the inspector confirmed that they were consulted in the development of care plans.

Advanced care plans were in place. These set out residents' preferences for end of life care. Mass was said weekly and there were facilities in place for residents with palliative care needs. Specialist services were available and subcutaneous fluids and palliative specialists were accessible to enable residents to stay in the centre at that time, if they wished

Judgment:

Substantially 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):

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

Findings:

The centre was clean and was decorated in a modern and homely manner. There was adequate communal space in the centre with three spacious sitting/dining rooms where meals were served and activities were held.

The six-bedded multi-occupancy bedrooms and one of the four bed multi-occupancy respite bedrooms were unsuitable in design and layout to protect the privacy and dignity of the residents. The four-bedded room was small, residents had no privacy as they were located so close to each other, wardrobes were old fashioned and limited in size. However, the person in charge stated that the four-bedded room was now mainly used for respite admissions who were only in the centre for a limited time. While the statement of purpose of the centre aimed to provide a home-like environment for residents the inspector found that this was not facilitated in practice by the design and layout of the multi-occupancy rooms. 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 in their bedroom in privacy. In many cases there was not enough room beside the beds to place a visitor's chair or a chair for the resident to sit by their bed. The limited space and wardrobe availability in these bedrooms also impacted on

the availability of storage for residents' clothes and personal belongings This issue was also addressed in more detail under Outcome 17: Residents' clothing, personal property and possessions. In addition, the inspector noted that there was a gap in the external fire exit door in this room. The weather was very cold on the day of inspection and a strong breeze was blowing into the room through this gap. The person in charge undertook to have this reviewed by maintenance. Furthermore, one resident's bed was located adjacent to this door.

In the new wing of the centre the four-bed multi-occupancy rooms were found to be more spacious and residents who resided there were generally happier with the space available. Some additional wardrobe and shelving areas had been allocated following previous inspection findings. There was an adequate number of showers and toilets in the centre however, there was no bath or assisted bath in the centre which was a required of regulations. Sluice rooms had adequate storage and hand-washing facilities.

There were six single rooms with en-suite bathrooms in the centre, two of which were designated palliative care beds. These rooms were found to have adequate facilities and space to meet residents' needs. The person in charge stated that he anticipated further availability of single rooms in the future plans due to the fact that residents' needs could not be met in the multi-occupancy rooms and there was an increased demand and expectation of the availability of single room accommodation.

Judgment:

Non Compliant - Major

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:

Residents had a nutritional assessment on admission and this was repeated on a three-monthly basis. The food provided was nutritious and available in sufficient quantities. Meals were available at times suitable to residents. Residents had access to drinks at all times and the inspector observed staff offering drinks throughout the day. Freshly baked scones and brown bread were available. Snacks such as cakes and drinks were offered by staff between meals as well as fruit and extra desserts. Modified diets were nicely prepared and well presented.

The majority of residents were enabled to maintain independence when eating their

meals and assistive devices were used when required. Staff provided discreet support if a resident required help. A number of family members were welcomed to support their relatives with meals also. Residents dined together in the dining room where the tables were seen to be suitably set up with nice cutlery, fresh flowers and tableware. Residents were seen to engage, communicate and interact with each other and staff. Residents said that the food was very good and they confirmed that a choice was available.

The chef had been in the centre for many years and had a good rapport with residents. Together with her kitchen staff she was found to be familiar with the dietary needs of residents. She informed the inspector that she had appropriate training undertaken and she communicated with the assistant person in charge on a daily basis. Changes to dietary requirements made by the dietician and the speech and language therapist were brought to her attention. New person-centred individualised menu lists had been developed. The inspector observed that there was a choice of three main courses at dinner time. The kitchen was seen to be well-stocked and very clean.

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):

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

Findings:

Visiting times were unrestricted and due to the location of the centre near the town of Skibbereen visitors were plentiful. Some residents had the opportunity to meet with their visitors in a number of smaller quiet rooms. Residents had access to mobile phones in the centre and several were observed using these. Residents' satisfaction surveys and meetings were organised. Documentation was available which indicated that issues which residents raised were resolved. Residents had access to televisions in the day rooms and the bedrooms. However, as identified in the previous inspection televisions in the bedrooms were not accessible for all to view due to the layout of the multi-occupancy rooms and the location of the TVs. For example, TVs were located in six-bedded room on opposite walls, each of which was shared by three other residents on each side of the room. It would not be possible for a resident to watch a favourite TV programme if both TVs were on, at the same time.

In the newer section of the building, rooms were newly furnished and were personalised for each resident. However, there were still residents who informed the inspector that they requested further storage requirements in view of the fact that this was now their home and they wished to have more items from home within their lived environment.

The inspector noted that curtains and fixed privacy screens were used when residents were receiving care, to protect their dignity, as much as the environment allowed. However the negative impact of living in the restricted space afforded to residents in multi-occupancy rooms were similar to previous findings as follows:

- there was limited space to store clothes some which were seen on chairs and hanging on the fixed screen at the bedside
- residents sitting by the bed had limited access to wardrobes as the available chairs were often located in front of the wardrobe due to the limited space, in addition, not all residents could have a suitable chair located by the bed as discussed previously
- one resident in a four-bedded room stated that there was very little space for personal items. The resident had wanted to store some more clothes and items from home but said there was no space for these items.

Staff informed the inspector that

- assistive equipment was difficult to manoeuvre within the limited space of the multi-occupancy rooms
- large chairs and wheelchairs were still stored in interlinked corridor areas between the multi-occupancy bedrooms
- residents and a staff member stated that residents find the six bedded units disturbing at night because of some residents calling out, the use of hoists and the use of commodes during the night

-a staff member stated that the environment had a negative impacted on promoting and developing standards of care

-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. The use of this in the multi-occupancy bedrooms continued to be disruptive for other residents particularly at night

-in another six bedded multi-occupancy room the inspector found that residents had very limited privacy as there were three doors into the room which gave the room the appearance and feeling of a wide "hall- area". One man liked to lie in bed in the afternoon and the inspector saw people passing by his bed area on a constant basis throughout the day.

However, all residents spoke highly of the staff and the care in the centre. Survey results and 'thank you' cards were seen which confirmed this. Throughout the inspection staff members were seen to engage in social conversation with residents. The atmosphere was inclusive and homely. Residents were seen to enjoy the group activities. One staff member played the accordion and sang with residents. Residents were seen to be familiar with staff and staff were aware of their likes and dislikes. Residents were heard to reminisce with staff members. Residents were appropriately dressed in clothes of their choice.

Posters relating to the national advocacy services were available in the front hallway. Additional weekly advocacy services were available to residents. The contact information for the confidential recipient was on display in the centre if anybody wished to look for advice or express a concern.

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):

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

Findings:

As residents' wardrobes were not always located beside their bed but were located at the end of the bedroom residents had limited access to personal belongings. The location of the wardrobes in this manner compromised these residents' access to their personal belongings and to a sufficient range of belongings. In addition, there were not enough wardrobes for each resident. For example, in one six-bed male room there were three shared wardrobes with shelves which were labelled with residents' names to allocate the limited storage space to each individual.

Judgment:

Non Compliant - Moderate

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 inspector saw that staff appraisals were conducted annually. Members of staff spoken with stated that they had received training in the prevention of elder abuse, dementia care, infection control and in fire safety. Records seen indicated that there were consistent staff in the centre. Residents stated that this gave them a sense of security.

Staff spoken with demonstrated an understanding of their role and responsibilities. They were found to be knowledgeable of residents' backgrounds and needs. The person in charge and his deputy facilitated the auditing and management process in the centre. Audit revealed that there had been a reduction in falls and that medication practices were 96% compliant. They informed the inspector that they were involved in supervising staff and organising staff training records of which were maintained on a training matrix.

Since the last inspection the roles of carer and of household staff had been differentiated. Therefore there were now two clearly defined roles which staff said had improved care, provide role definition and increased infection control.

The inspector reviewed a sample of staff files which had not been properly maintained on the previous inspection. These were found to be well maintained on this inspection and they were found to contain the documents required under the regulations. The provider stated that all staff had the required Garda Vetting clearance in place prior to taking up employment. A sample of these documents were reviewed 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

Centre name:	Skibbereen Community Hospital
Centre ID:	OSV-0000598
Date of inspection:	17/01/2018
Date of response:	16/03/2018

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:

The provider failed to ensure that the designated centre had sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose. The resources had not been made available to commence the renovation works required to comply with the condition of registration.

1. Action Required:

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

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

To comply with Condition 8, renovation works need to be completed by end of 2018. Resources have been made available and planning application was submitted in February 2018. Earliest start of construction is Dec 2018 and earliest completion of construction is August 2020. An application to vary condition 8 was submitted to HIQA in January 2018.

Proposed Timescale: 31/08/2020

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:

A number of staff had yet to attend mandatory fire training.

2. Action Required:

Under Regulation 28(1)(d) you are required to: Make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.

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

Fire training is scheduled for March 6th and March 15th after which all staff will be up to date with fire training

Proposed Timescale: 15/03/2018

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:

Ensure that all residents can access a full range of required allied health services promptly.

3. Action Required:

Under Regulation 06(2)(c) you are required to: Provide access to treatment for a

resident where the care referred to in Regulation 6(1) or other health care service requires additional professional expertise.

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

Access to allied health services (Occupational Therapy, Speech & Language, Physiotherapy & Chiropractic) is provided on a referral system. Referral to a private Occupational therapist is available when the HSE occupational therapist is not available.

Proposed Timescale: 16/03/2018

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.

4. 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:

Planning application for an extension and refurbishment of Skibbereen Community Hospital has been submitted and Earliest construction start will be in December 2018. And earliest completion in August 2020

- a) HSE is fully committed to completing the scheduled works within the revised time frame. The Planning Application in respect of the development at Skibbereen Community Hospital was lodged in February 2018 with an estimated commencement date of December 2018.
- b) Funding has been secured and has been allocated from the Capital Plan for the completion of the works.
- c) A planning application in respect of the development was submitted in February 2018. Provided there are no requests for further information or appeals in respect of the proposed development, construction shall commence in December 2018 with a possible completion date of August 2020
- d) Detailed plans for the said works were submitted with an application to vary condition 8 in January 2018 (as below)
 - 1. One of the existing Day rooms will be used as the Recreation room.
 - 2. One of the existing Day rooms will be used as the Dining room.
 - 3. Sitting rooms to be provided one of which is to serve as the Quiet room. One of the existing Day rooms to be used as the Sitting room.
 - 4. Family room and kitchenette will be provided. This room to provide for overnight

- facilities for family or friends of a resident who is very ill or near end-of-life.
5. Existing Kitchen will be provided with a separate entrance from the corridor to the Wash Up area (EHO)
 6. A separate Cleaning room will be provided for the Kitchen.
 7. Existing 6 bedded wards - St Patrick's, St Joseph's and St Bridget's will reduce to 4 bedded wards.
 8. 7 x Single rooms will be built on an extension to the hospital
 9. 1 x 4 bedded ward next to physiotherapy room on main corridor will be converted to store and linen rooms
 10. 1 x 3 bedded room will be added in what is currently an open corridor space

Proposed Timescale: 31/08/2020

Theme:

Effective care and support

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

*The six bed multi-occupancy bedrooms and the multi-occupancy respite bedroom were unsuitable in design and layout to protect the privacy and dignity of the residents.

*The statement of purpose of the centre aims to provide a homely environment for the residents, however this was not supported by the design and layout of the multi-occupancy rooms.

*The design and layout had a significant impact on residents as they were unable to undertake personal activities in private or to meet with visitors in their bedroom in a private area.

*There was not enough room beside the beds to place a visitor's chair or a chair for the resident to sit out of bed.

*The limited space in these bedrooms had a negative impact on the storage of residents clothes and personal belongings.

*Residents wardrobes were not located beside their bed but were located at the end of the bedroom. This compromised residents' access to their personal belongings.

*There were not enough wardrobes for each resident. In one six-bed male room there were three shared wardrobes with shelves labelled with residents' names to identify individual wardrobe space.

*There was poor accessibility to toilet and showers.

*There was no bath availability

*Residents did not have free access to favourite TV or radio programmes and remote controls.

5. 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:

This compliance plan response from the registered provider did not adequately assure the office of the chief inspector that the actions will result in compliance with the

regulations.

Proposed Timescale:

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:

In the multi-occupancy bedrooms residents could not undertake personal activities in private. For example, residents were seen lying on their beds for a doze in the afternoon and in bed for the day due to needs, while visitors, staff and other residents passed by to access toilets, the hallways and other bedrooms. In addition, one bedroom had three doors leading into it from different sections of the building with the resultant lack of privacy for residents who lived in those bedrooms.

6. 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 compliance plan response from the registered provider did not adequately assure the office of the chief inspector that the actions will result in compliance with the regulations.

Proposed Timescale:

Theme:

Person-centred care and support

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

All residents could not access their favourite TV programme choice or access radio without impeding on other residents' rights to not watch TV or to view an alternative programme particularly when by the beds in the evening. Remote controls were not accessible to all residents.

7. 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:

A review of residents' choices with regard to TV programmes will be undertaken as those wishing to watch the same television programme will be facilitated to do so in the day room. Remotes for existing televisions will be purchased if required and all residents will the cognitive ability to use a remote will have access to one .

Once more communal areas are available, more residents will be able to spend more time away from their bedrooms during the day. Residents who wish to watch television are advised to use the communal spaces that are currently available.

Proposed Timescale: Immediate

Proposed Timescale: 17/01/2018

Theme:

Person-centred care and support

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

Residents who called out to communicate distress or due to the side effects of their medical condition, impacted on others in the multi-occupancy rooms as the calling out interfered with their sleep pattern. In addition, staff had to attend to such residents regularly which also created a disturbance in the night time.

8. Action Required:

Under Regulation 10(1) you are required to: Ensure that each resident, who has communication difficulties may communicate freely, having regard to his or her wellbeing, safety and health and that of other residents in the designated centre.

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

Currently residents who call out to communicate distress or due to the side effects of their medical condition are cared for in the single rooms that are available. This will be further addressed when our new extension is complete and we have access to more single rooms.

Proposed Timescale: Immediate by use of single rooms
Will be further addressed by August 2020

Proposed Timescale: 31/08/2020

Theme:

Person-centred care and support

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

Residents in communal bedrooms could not receive visitors in private.

9. Action Required:

Under Regulation 11(2)(b) you are required to: Make suitable communal facilities available for a resident to receive a visitor and a suitable private area which is not the resident's room, if required.

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

There is currently one visitor's room available where residents can meet privately with their visitors and enjoy refreshments etc together with the use of the kitchenette. This

will be further addressed with the new extension to the Hospital as more communal space will be available

Proposed Timescale: 31/08/2020

Outcome 17: Residents' clothing and personal property and possessions

Theme:

Person-centred care and support

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

Wardrobes containing resident's personal clothes and belongings were not accessible to each resident.

10. Action Required:

Under Regulation 12(a) you are required to: Ensure that each resident uses and retains control over his or her clothes.

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

This compliance plan response from the registered provider did not adequately assure the office of the chief inspector that the actions will result in compliance with the regulations.

Proposed Timescale:

Theme:

Person-centred care and support

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

There was inadequate space for residents to store and keep a range of personal belongings and personal items. Some wardrobes were shared, some had no hanging space and some were 'half-height' wardrobes.

11. Action Required:

Under Regulation 12(c) you are required to: Provide adequate space for each resident to store and maintain his or her clothes and other personal possessions.

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

This compliance plan response from the registered provider did not adequately assure the office of the chief inspector that the actions will result in compliance with the regulations.

Proposed Timescale:

