



Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Skibbereen Residential Care Centre
Name of provider:	Skibbereen Residential Care Limited
Address of centre:	Baltimore Road, Skibbereen, Cork
Type of inspection:	Unannounced
Date of inspection:	23 August 2018
Centre ID:	OSV-0000280
Fieldwork ID:	MON-0024672

About the designated centre

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

Skibbereen Residential Care Centre provides long-term residential care and respite for residents over the age of 18. The needs of residents range from low-dependency convalescence to full-time nursing care in relation to illness and age-related conditions, such as dementia. The premises are a single-storey building completed in 2004 and located on the outskirts of Skibbereen town in county Cork. The centre is purpose built and contemporary in design with accommodation and facilities in keeping with those set out in the statement of purpose. The centre is registered to provide accommodation for up to 50 residents, comprising 34 single and 8 twin-bedded rooms - all equipped with en-suite facilities, personal storage and furniture as required. Facilities include communal indoor recreation areas for residents as well as direct access to a secure, paved outside area with seating and raised planters. The centre also provides an oratory and private visiting space. Care planning is in keeping with evidence-based practice and appropriately validated tools are used to inform the assessments of residents' needs. Residents are provided with relevant information about the provision of service at the centre, and regular meetings and satisfaction surveys take place for feedback. Information on how to raise any concerns is on display for ease of reference along with contact details for independent advocacy arrangements.

The following information outlines some additional data on this centre.

Current registration end date:	28/07/2019
Number of residents on the date of inspection:	49

How we inspect

To prepare for this inspection the inspector or inspectors reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
23 August 2018	10:15hrs to 17:45hrs	Mairead Harrington	Lead

Views of people who use the service

The inspector met with a number of residents and visitors in the course of the inspection, both in the garden and communal areas of the centre. Residents spoken with said they made their own decisions about how they spent their day, sometimes participating in the art and craft activities or doing their own thing, such as reading and doing crosswords, or enjoying the garden. Residents said that they were well cared for in the centre and that staff were very attentive. Some said they would prefer to be at home but understood that they needed particular care and that this could best be provided in the centre. Residents said they understood who was in charge and how to raise any concerns they might have, or give feedback about mealtimes and choices when they had preferences. Residents who might be confused and had difficulty communicating were seen to be provided with appropriate support and were encouraged to move freely through the centre, independently where possible. Overall feedback about the service provided was very positive and in keeping with the care practice observed on the day.

Capacity and capability

This service provides very good quality of care for residents. During the inspection there was evidence of individual residents' needs being met and that staff supported residents in the pursuit of their personal interests. Previous inspections of this centre identified a good standard of compliance overall with appropriate action taken promptly to address any area for improvement. A well established system of governance was in place and the organisational structure included the necessary deputising arrangements to appropriately deliver a service that was in keeping with that described in the statement of purpose. Management and staff demonstrated a consistent commitment to the provision of a very good standard of care for all residents.

The inspector observed good practice during the course of the inspection. There was evidence that a high standard of care was provided for residents who had access, as necessary, to a general practitioner (GP) and pharmacist, or allied healthcare professionals where required. This inspection established substantial compliance with the regulations overall, with a finding only in relation to the preparation of the annual quality review, which required further development to include relevant consultation with residents and their families.

Effective quality management systems were in place to ensure the delivery of service was safe and consistent. Appropriate monitoring mechanisms were also in place to assess and review these systems including regular and relevant auditing

procedures. Where learning issues were identified as a result of these reviews measures were in place to ensure that such learning, and any related practice or procedure improvements, was conveyed to staff during meetings and handovers. A sample of staff files was reviewed and documentation maintained on these files was in keeping with the requirements of Schedule 2 of the regulations. The inspector reviewed security documentation with management who confirmed that all active members of staff had been vetted in keeping with requirements. The centre did not retain the services of any volunteers at the time of inspection.

The inspector reviewed the training matrix and identified that training was regularly delivered in mandatory areas such as fire-safety, safeguarding and manual handling. Management monitored staff training renewal dates and all staff members had current training in the mandatory areas. Staff spoken with demonstrated a sound understanding of their training and a conscientious approach to their duties of care for residents. Staff were supported to develop self-education by accessing courses and information on-line. Additional training provided included infection control and dementia awareness, for example. Staff had received relevant training in food and nutrition and the management of dysphagia and those spoken with demonstrated an effective knowledge and understanding of the particular needs of residents who might have a related plan of care in place. This knowledge and understanding was also evident in practice when staff were providing refreshments in the course of the day or assistance to individuals at mealtimes.

Care practice observed was attentive and person-centred. Residents were provided with encouragement to maintain their independence and routines were undertaken with a focus on the individual and not just the task. Staffing levels and supervision arrangements were appropriate and it was clear that resources were dedicated on a consistent basis to the continuous professional development of staff ensuring a high standard of evidence based care.

Regulation 15: Staffing

The staffing profile, in relation to skills mix and competencies, was in keeping with the assessed needs of residents. Staffing arrangements were consistent with the size of the centre and appropriate to the layout and occupancy levels.

Judgment: Compliant

Regulation 16: Training and staff development

A comprehensive training programme was in place and all staff had completed relevant mandatory training at the time of inspection. Induction and mentoring arrangements were in place for new staff. Supervision arrangements were

appropriate and a qualified nurse was on duty on each floor at all times.
Judgment: Compliant
Regulation 21: Records
Effective systems were in place to ensure that records as set out in the regulations were maintained appropriately. Information governance arrangements ensured secure record keeping with appropriate access and control as necessary.
Judgment: Compliant
Regulation 23: Governance and management
The centre was effectively managed and well resourced in keeping with both the layout of the premises and the resident profile. Effective quality management systems were in place that demonstrated the service was safe and effective. The annual quality review required further development to fully reflect the requirements of the regulations and included evidence of consultation processes with residents and their families.
Judgment: Substantially compliant
Regulation 24: Contract for the provision of services
Signed contracts of care were in place that set out the terms and conditions of service and included the type, and occupancy level, of accommodation provided.
Judgment: Compliant
Regulation 30: Volunteers
Management understood their statutory responsibilities in relation to documentation and vetting for volunteers.
Judgment: Compliant

Regulation 31: Notification of incidents

A record of all incidents occurring at the centre is maintained; where the circumstances of such incidents require notification these take place in keeping with statutory requirements.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints system was in keeping with statutory requirements. Records included information about the nature of the complaint, investigation processes and communication with interested parties on conclusion. The complaints policy provided a summary of the procedure on making a complaint, including expected time frames, relevant contact details and the process for appeal.

Judgment: Compliant

Quality and safety

The findings of this inspection were that this service provides a high standard of evidence based care. Management are proactive in identifying areas for improvement and ensuring that staff are suitably trained and qualified to deliver in their role. A positive quality of life for residents is brought about through the provision of a comfortable environment with suitably trained staff providing care that focused on the preferences of residents.

In relation to healthcare requirements the inspector found that staff demonstrated a very good knowledge and understanding of the needs of residents, and that this information was consistently reflected in individual care plans. The inspector reviewed care planning processes that included routine assessments using standardised tools to develop information about the specific circumstances of each resident in relation to their individual needs. This information was used to develop person-centred care plans that were regularly updated, or as residents' needs might change.

The service ensured care was appropriately supported by the regular attendance of medical practitioners at the centre. Care plans were maintained electronically and information was easy to identify and review. Reviews and reports by allied healthcare professionals, in relation to diet and nutritional needs for example, were

easy to reference for guidance. Communication with residents and their families was recorded. The quality and safety of healthcare was demonstrated by the competency of nursing staff and their understanding of safe medicine administration to residents. Staff spoken with demonstrated an appropriate knowledge around areas of risk such as the storage and disposal of discontinued stock. The inspector reviewed documentation around prescribing and administering medicines and noted that all records were maintained in keeping with requirements. Relevant care planning arrangements were in place for residents at end of life who were provided with appropriate care and regularly assessed to review changing needs.

During the course of this inspection daily routines were seen to take into account the individual needs and preferences of residents. Residents were offered choice as a matter of course and had options as to what time they got up, how they spent their day and where they preferred to take their meals, either in the dining area or the privacy of their own rooms, for example.

The day of the inspection was warm and sunny and residents were seen sitting out in the courtyard area where a member of staff was working on a raised herb bed. Residents spoken with said they routinely spent time in the garden when the weather permitted and appropriate precautionary arrangements were in place including the use of sunscreens and sunhats.

In the course of the inspection residents were seen to have options as to how they spent their day, some enjoyed spending time in the reception area near the entrance where visitors were seen coming and going. There was a bright day room where residents could watch TV and listen to music, or the recreation area where arts and crafts were taking place in the morning. Relevant information on socialisation was recorded on care plans and a diverse range of activities was provided that included music and song, bingo and wordgames, and arts and crafts.

Systems were in place to monitor the quality and safety of the service including regular audits on areas such as medication management, residents' rights, care planning processes and person-centred care. Related action plans were in place with nominated responsibilities for follow up where required.

The premises were purpose built and very well maintained throughout. Furnishings and equipment were in good condition and regular maintenance and related certification was in place as appropriate. All areas of the centre were clean and communal areas were nicely decorated and homely. Staff had received relevant training and were seen to implement good infection control practice in relation to cleaning routines, using hand-sanitisers and personal protective equipment as appropriate. Cleaning methods observed were in keeping with best practice and included the use of colour-coded equipment. Regular checks of fire prevention and response equipment were in place, including emergency lighting and fire extinguishers. Staff were able to explain how to respond in the event of a fire-alarm activating. Overall this centre provided a safe and effective service that was appropriately monitored and reviewed.

Regulation 13: End of life

The centre had good access to palliative care services. Arrangements were in place to ensure effective planning for residents and their families that appropriately addressed related needs and care at end of life.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents needs were well met in relation to food and nutrition with meals, refreshments and snacks regularly provided. Staff received relevant training and staffing levels were adequate to provide assistance at mealtimes as necessary. Residents had access as required to the services of both a dietitian and speech and language therapist.

Judgment: Compliant

Regulation 26: Risk management

An effective risk management policy was seen to be followed in practice. An active risk register was in place for the management and monitoring of identified risks and management meetings took place regularly to review related health and safety arrangements. Measures in place to ensure the safety of residents included risk assessments and controls around environmental hazards, such as floor surfaces, and restricted access to hazardous areas, such as sluice facilities.

Judgment: Compliant

Regulation 27: Infection control

Robust infection prevention and control procedures were in place to protect residents from the risk of healthcare-associated infections. A nominated member of staff held responsibility for monitoring related compliance with the national standards. Staff underwent a regular training programme and participated in regular audit and monitoring arrangements to ensure safe and effective practice.

Judgment: Compliant

Regulation 28: Fire precautions

Appropriate precautions against the risk of fire were in place that included the regular servicing and certification of fire-fighting equipment, training for staff and appropriate practice for staff in the event of a fire, such as regular evacuation drills.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Relevant policies and procedures were in place to direct staff in the management of medicines. Staff followed appropriate medication management practices and medicines were administered in keeping with the directions of a prescription. Safe medication management procedures were in place for the storage and disposal of medicines as required.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Effective care planning processes were in place that supported staff in meeting the needs of residents on a daily basis. Residents and their families were consulted in relation to care planning process. Care plans had been developed in keeping with individual evaluations based on standardised assessment tools and covered key areas of care in relation to the activities of daily living.

Judgment: Compliant

Regulation 6: Health care

The health and wellbeing of residents was promoted through effective access to medical professionals and related healthcare services.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: End of life	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant

Compliance Plan for Skibbereen Residential Care Centre OSV-0000280

Inspection ID: MON-0024672

Date of inspection: 23/08/2018

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Our Annual Review for 2017 was available but did not fully comply with Regulation 23 d, e and f.</p> <p>Our 2018 annual review is currently underway and is being completed in consultation with residents and their families.</p> <p>Going forward our review will be more comprehensive addressing each standard in more detail and a copy of same will be available to Residents and the Chief Inspector if requested</p> <p>An interim draft of the annual review for 2018 has been forwarded to the Inspector</p>	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 23(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.	Substantially Compliant	Yellow	31/12/2018
Regulation 23(e)	The registered provider shall ensure that the review referred to in subparagraph (d) is prepared in consultation with residents and their families.	Substantially Compliant	Yellow	31/12/2018
Regulation 23(f)	The registered provider shall ensure that that a copy of the review referred to in subparagraph (d) is made available to residents and, if requested, to the Chief Inspector.	Substantially Compliant	Yellow	31/12/2018