<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Skibbereen Residential Care Centre</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>ORG-0000280</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Baltimore Road, Skibbereen, Cork.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>028 23 617</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:info@skibbcare.com">info@skibbcare.com</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Skibbereen Residential Care Limited</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Don Cahalane</td>
</tr>
<tr>
<td>Person in charge:</td>
<td>Jessily John Panicker</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Geraldine Ryan</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Unannounced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>50</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>2</td>
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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 Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) 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 monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 1 day(s).

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

<table>
<thead>
<tr>
<th>From:</th>
<th>To:</th>
</tr>
</thead>
<tbody>
<tr>
<td>19 June 2014 07:30</td>
<td>19 June 2014 13:30</td>
</tr>
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</table>

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

| Outcome 07: Health and Safety and Risk Management | Outcome 12: Safe and Suitable Premises | Outcome 14: End of Life Care | Outcome 15: Food and Nutrition |

**Summary of findings from this inspection**

This inspection report sets out the findings of a thematic inspection which focused on two specific outcomes, End of Life Care, and Food and Nutrition. In preparation for this thematic inspection providers attended an information seminar, received evidence-based guidance and undertook a self-assessment in relation to both outcomes. The inspector met residents and staff and observed practices on inspection. Documents were also reviewed such as training records, care plans, medication management charts, complaints log, minutes of residents' meetings, audits, surveys and documentation pertinent to deceased residents. The person in charge (PIC) who completed the provider's self-assessment tools judged that the centre had a minor non compliance with regard end-of-life care and a minor non compliance with regard to food and nutrition.

The inspector, on foot of the completion of actions identified by the PIC in the self-assessments, found compliance in the area of food and nutrition and compliance in the area of end-of-life care, with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

While the thematic inspection focused on two outcomes as described above, there was a requirement for the inspector to review other outcomes in so far as they related to end of life care and food and nutrition and these are discussed in the body of the report.

Overall, the inspector noted that a warm ambiance prevailed in the centre. Residents voiced how happy they were and were very complimentary of the food on offer and
the choice available. There was evidence of improvements arising from the findings of the self-assessment questionnaires. Staff, spoken with by the inspector exhibited an in-depth knowledge about the residents and their backgrounds and were observed caring for residents in a respectful manner while maintaining residents' privacy and dignity. Both the PIC and the key senior manager (KSM) displayed a commitment to the delivery of person-centred care and continuous improvement.

Section 41(1)(c) of the Health Act 2007 Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 07: 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:
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
On review of the staff training matrix, it was noted that one staff member had not attended up to date mandatory training on manual handling practices.

Judgement:
Non Compliant - Major

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. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:
Effective Care and Support

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

Findings:
While the residents’ dining room was bright and spacious, the furnishings and décor of this room required attention as:
- the paintwork on some walls was very marked
- some dining room furniture was notably marked
- the curtain on one dining room window was not hung correctly.

While the residents' bedrooms were personalised, bright and clean, the paint work in the residents' bedrooms reviewed required attention as it was visibly marked and not regularly maintained.

**Judgement:**
Non Compliant - Moderate

### 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:
No actions were required from the previous inspection.

**Findings:**
The provider's self-assessment and overall self assessment of compliance identified a minor non-compliance with Outcome 14 and Standard 16. This minor non-compliance referred to the status of the residents' care plans and the policy on end-of-life. However, on the day of inspection, on foot of the actions implemented post the self assessment, the inspector deemed the centre compliant.

The inspector reviewed the centre's policy on end-of-life care and noted that the policy was up to date and inclusive of comprehensive guidance for staff. There was evidence that staff had signed that they had read the policy.

There was evidence that residents received care at the end of their life which met their physical, emotional, social and spiritual needs. Residents who spoke to the inspector spoke in a positive manner with regard to their care. Some residents expressed that in the event of becoming unwell, they would like to go to the acute services while other residents stated that they would prefer to stay in the centre. There was evidence that residents were aware of and had participated in the advanced care planning process in progress in the centre. This information was captured in the residents' care plans. Both the PIC and the KSM stated how beneficial it was for staff to have up to date information regarding the residents’ preferences for care at end of life.

Remembrance events for deceased residents were annually organised.

Staff training records indicated staff had attended in-house training facilitated by an external trainer, on end of life care.

Staff received training on the use of a syringe driver (a mechanical pump used to administer medications) in symptom management. This training was facilitated by staff
from the local specialist palliative homecare team.

Staff were knowledgeable in how to physically care for a resident at end of life and voiced how it was a privilege to be there for the resident and their families at this time.

Religious and cultural practices were facilitated. Residents had the opportunity to attend religious services held in the centre and had access to ministers from a range of religious denominations. The centre’s policy included guidance to staff with regard to facilitating and engaging in cultural practices at end of life. Residents had access to an oratory located in the centre.

Family and friends were facilitated to be with the resident approaching and at end of life. The centre had a majority of single bedrooms with some two-bedded rooms. Tea/coffee/snacks and meals were provided for relatives. Open visiting was facilitated. There was ample provision of private sitting spaces and sitting rooms. Overnight facilities for families, were available.

There was evidence in care plans that residents had choice as to the place of death. The inspector reviewed a sample of care plans of deceased residents and noted that the residents had timely access to the general practitioner (GP), the out-of-hours service and specialist services. The sample of residents’ end of life care plans reviewed captured explicit guidance to staff for that resident’s care. There was evidence that residents’ families were kept informed and that meetings were convened as required. Medication records reviewed indicated that medication management was regularly reviewed and closely monitored by the GP.

The PIC confirmed that the centre had excellent engagement with the local specialist palliative homecare team and records reviewed evidenced this. Education was also provided by the homecare team with regard to the use of the syringe driver pump and medications to be used in the pump.

Documentation indicated that, within the last two years, 18 of 24 deceased residents had their end-of-life care needs addressed without the need for transfer to an acute hospital.

The PIC stated that upon the death of a resident, she met with the relatives to offer practical information with regard to retrieving a death certificate and on how to access bereavement and counselling services.

There was a protocol for the return of personal possessions. The centre’s policy stated that an opportunity was offered to the deceased resident’s relatives to participate in the organising of their deceased relative’s personal possessions. Residents’ inventories were completed on admission and updated regularly thereafter.

**Judgement:**
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:**  
No actions were required from the previous inspection.

**Findings:**  
The provider’s self-assessment and overall self assessment of compliance identified a minor non-compliance with Outcome 15 and Standard 19. This minor non-compliance referred to staff training and the centre’s policy on food and nutrition. However, on the day of inspection, on foot of the actions implemented post the self assessment, the inspector deemed the centre compliant.

The centre had an up-to-date policy on food and nutrition. There was evidence that the policy was signed as being read by staff.

An environmental health officer’s (EHO) report dated June 2013 was very positive in it’s summation.

A record of staff training submitted to the Authority indicated that staff had attended a broad range of training on aspects of nutrition and that education sessions were ongoing.

The inspector reviewed records of residents’ meetings and overall the residents' comments were very complementary of the food on offer in the centre. There was evidence that any issue arising with regard to food, for example, the temperature of the food, was addressed.

The inspector met with the head chef who confirmed that either she or the other chef met with either the PIC or the KSM each morning to receive an update of the current status of the residents pertinent to their nutrition. An up-to-date folder of diets and dietary requirements was available in the kitchen to guide staff. While the head chef did not attend the residents’ meetings, she was aware of if any food related topic was raised by the residents.

The head chef met formally with the PIC on a monthly basis. While records of these meetings were not maintained, both the PIC and head chef stated that the issues discussed included the menus, food choices and preferences and residents experiencing weight loss/gain.

A two weekly menu was in operation. There was evidence that the residents had input
into the menu by means of participating in menu surveys and audits. The head chef stated that the menu had been assessed by an external dietician.

The inspector noted that staff levels were adequate to meet the needs of the residents during mealtimes.

There was evidence that ample choice was available for breakfast, lunch and evening tea. On the day of inspection, the majority of residents had their breakfast in their rooms. Breakfast was served from 07:00 onwards. The breakfast choice included a hot breakfast, a variety of hot and cold cereals, breads, juices and fruits. Residents confirmed that a staff member came around daily informing them what was on the menu and confirmed that they had a choice in the menu. There was evidence that the catering staff sought feedback from the residents with regard to the meals served.

Lunch was served at two sittings; 12.00pm and 13:00hrs. The inspector noted that lunch, in sufficient portions, was plated and presented in an appetising manner. Gravies/sauces were served separately or added at the resident’s request. Staff informed the inspector that residents could choose to have their meal in the dining room or in their room. On the day of the inspection, most residents dined in the dining rooms. Residents voiced how the lunch was tasty, lovely and hot. Choices of desserts were available. Staff were observed assisting residents, particularly residents with a cognitive impairment, in a sensitive and discreet manner. Meal times were unhurried occasions and staff were observed using the mealtimes as an opportunity to engage with residents. Staff demonstrated in-depth knowledge of residents’ likes and dislikes and particular dietary requirements. Residents having their meals were appropriately assisted and received their meal in a timely manner. The inspector noted staff describing the meal to residents and asking residents if they wished to wear protective attire. Other staff were observed aiding a resident’s transfer from a wheelchair to a dining chair.

Evening tea was served from 16:00hrs onwards and residents confirmed that a supper trolley containing snacks, sandwiches and cakes was provided later in the evening. Light snacks were readily available throughout the day. This menu included snacks, sandwiches, soup, scones and biscuits. Residents confirmed that they could request any food at any time.

A sample of care plans of residents with particular medical issues and dietary requirements reflected that they had a specific care plan guiding their care. Residents had a malnutrition universal screening tool (MUST) assessment on admission and three monthly thereafter or as required. Staff, spoken to by the inspector, were familiar with how to assess and use the MUST tool. There was evidence that, when required staff completed a daily record of residents’ nutritional and fluid intake/output. A resident was receiving fluid via a sub cutaneous infusion. There was evidence that this intervention was prescribed by the GP and was monitored by staff. Staff were knowledgeable on the use of sub cutaneous fluids and the required observations. A sample of medication administration charts reviewed evidenced that nutritional supplements prescribed by the general practitioner for residents were administered accordingly.

Residents’ weights were recorded monthly or more often. It was evident that the documentation of a weight loss/gain prompted an intervention inclusive of contacting
the GP, forwarding a referral to the dietician and/or the commencement of a food and fluid chart. The inspector was informed that the residents had access to dietetic services, speech and language therapy services and occupational therapy and there was evidence that resultant advices were incorporated into residents' care plans. Assistive cutlery, crockery, special mats and plate guards required for residents with reduced dexterity, were available.

While the residents’ dining room was bright and spacious, the furnishings and décor of this room required attention. This was captured under Outcome 12.

Judgement:
Compliant

**Closing the Visit**

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

**Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

**Report Compiled by:**

Geraldine Ryan
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Skibbereen Residential Care Centre</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>ORG-0000280</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>19/06/2014</td>
</tr>
<tr>
<td>Date of response:</td>
<td>09/07/2014</td>
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Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure Compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 07: 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:
Not providing training for all staff in the moving and handling of residents.

Action Required:
Under Regulation 31 (4) (f) you are required to: Provide training for staff in the moving and handling of residents.

Please state the actions you have taken or are planning to take:
There was ten training sessions in Moving and Handling within the care centre in the last two years. One staff member identified by the inspector had not completed the training. Since then, this staff member has attended the training. We confirm all other staff has attended manual handling training.

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
**Proposed Timescale:** 08/07/2014

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<th><strong>Outcome 12: Safe and Suitable Premises</strong></th>
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<td><strong>Theme:</strong> Effective Care and Support</td>
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<tr>
<td><strong>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</strong></td>
</tr>
<tr>
<td>Not keeping all parts of the designated centre suitably decorated.</td>
</tr>
<tr>
<td><strong>Action Required:</strong></td>
</tr>
<tr>
<td>Under Regulation 19 (3) (d) you are required to: Keep all parts of the designated centre clean and suitably decorated.</td>
</tr>
<tr>
<td><strong>Please state the actions you have taken or are planning to take:</strong></td>
</tr>
<tr>
<td>The areas noted by inspector which required improvements are currently been addressed.</td>
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**Proposed Timescale:** 17/08/2014