

Health Information and Quality Authority
Social Services Inspectorate

Inspection report
Designated centres for older people



Centre name:	Skibbereen Community Hospital
Centre ID:	0598
Centre address:	Coolnagarrane
	Skibbereen
	Co Cork
Telephone number:	028-21677
Fax number:	028-22583
Email address:	p.ryan@hse.ie
Type of centre:	<input type="checkbox"/> Private <input type="checkbox"/> Voluntary <input checked="" type="checkbox"/> Public
Registered providers:	Health Service Executive
Person in charge:	Paddy Ryan
Date of inspection:	11 April 2012
Time inspection took place:	Start: 09:30hrs Completion: 15:45hrs
Lead inspector:	Cathleen Callanan
Support inspector:	Geraldine Ryan
Type of inspection:	<input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced
Purpose of this inspection visit:	<input type="checkbox"/> Application to vary registration conditions <input type="checkbox"/> Notification of a significant incident or event <input type="checkbox"/> Notification of a change in circumstance <input type="checkbox"/> Information received in relation to a complaint or concern <input checked="" type="checkbox"/> Follow-up inspection

About the inspection

The purpose of inspection is to gather evidence on which to make judgments about the fitness of the registered provider and to report on the quality of the service. These is to ensure that providers are complying with the requirements and conditions of their registration and meet the Standards, that they have systems in place to both safeguard the welfare of service users and to provide information and evidence of good and poor practice.

In assessing the overall quality of the service provided, inspectors examine how well the provider has met the requirements of the Health Act 2007, 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*.

Additional inspections take place under the following circumstances:

- to follow up matters arising from a previous inspection to ensure that actions required of the provider have been taken
- following a notification to the Health Information and Quality Authority's Social Services Inspectorate of a change in circumstance for example, that a provider has appointed a new person in charge
- arising from a number of events including information received in relation to a concern/complaint or notification to the SSI of a significant event affecting the safety or wellbeing of residents
- to randomly "spot check" the service.

All inspections can be announced or unannounced, depending on the reason for the inspection and may take place at any time of day or night.

All inspection reports produced by the Health Information and Quality Authority will be published. However, in cases where legal or enforcement activity may arise from the findings of an inspection, the publication of a report will be delayed until that activity is resolved. The reason for this is that the publication of a report may prejudice any proceedings by putting evidence into the public domain.

About the centre

Description of services and premises

Skibbereen Community Hospital (known locally as St Anne's Community Hospital) is a Health Service Executive (HSE) facility providing long-stay, respite, community support and palliative care. The building is on one level and includes office accommodation, a meeting/training room, oratory, staff dining and changing facilities and a kitchen: the kitchen also services the day-care centre which is attached to the residential service by interconnecting doors. There are two enclosed outdoor spaces and security cameras are in use around the perimeter.

The 40 beds available are allocated as 27 continuing care, seven respite, and two palliative care: the remaining beds are allocated as required.

There are three six-bedded rooms, two of which have en suite facilities and one of which has a bathroom adjacent to the room.

There are four, four-bedded rooms, all of which have en suites with assisted shower, wash-hand basin and toilet.

There are six single rooms with en suite facilities comprising assisted shower, toilet and wash-hand basin.

All rooms have an additional wash-hand basin independent of the en suite facilities and there are three additional assisted showers with toilet and wash-hand basin, and three toilets for communal use.

There are two main communal areas which are also used for dining purposes and there is a quiet room off one of these which is available for use by residents and their visitors. In addition, there is a visitors' room and a kitchen/sitting room in the section of the centre used to accommodate more highly dependent residents.

Location

Skibbereen Community Hospital is located on the outskirts of Skibbereen on the Dunmanway road and is a short drive from all local amenities. It is one of a number of Health Service Executive (HSE) services on a large site, accommodating a range of community services and administration buildings.

Date centre was first established:	1930
Number of residents on the date of inspection:	34 (one person in acute hospital)
Number of vacancies on the date of inspection:	6

Dependency level of current residents	Max	High	Medium	Low
Number of residents	14	7	3	10

Management structure

Skibbereen Community Hospital is a Health Service Executive (HSE) facility with the nominated provider being Teresa O'Donovan, General Manager. The Person in Charge (PIC) is the Director of Nursing (DON), Paddy Ryan, who reports to the provider; his time is divided between this and another HSE designated centre where he is also the PIC. The PIC is supported in his role by a Clinical Nurse Manager (CNM1), to whom nurses and support staff report and who undertakes the duties of PIC as required. Administrative staff report to the PIC.

Staff designation	Person in Charge	Nurses	Multi-task attendants	Catering staff	Admin staff	Other staff
Number of staff on duty on day of inspection	1	2 to 4*	4-6.5**	4***	1	****

* Nurses:

- am: four nurses 08:00hrs – 13:30hrs
- pm: three nurses 13:30hrs – 17:30hrs
- pm: two nurses 17:30hrs – 20:30hrs
- night: two nurses 20:30hrs – 08:30hrs
- CNM2 on duty Monday – Friday 08:30hrs – 17:00hrs x 4 days and 08:30hrs – 14:00hrs x 1 day
- DON on duty Monday – Friday.

**** Multi-task attendants:**

- am: 5.5 attendants 08:00hrs – 13:30hrs
- pm: one attendant 13:30hrs – 14:00hrs
- pm: five attendants 14:00hrs – 17:30hrs
- pm: one attendants 17:30hrs – 08:00hrs.

***** Catering staff:**

- am/pm: two catering staff 08:00hrs – 17:30hrs week one
- am/pm: one catering staff 08:00hrs – 17:30hrs and one catering staff 09:00hrs – 18:00hrs week two.

******** Maintenance staff off site available as required.

Background

This was a follow-up announced inspection following the registration inspection that took place on 22 March 2011 and 23 March 2011: that report can be found on the Authority's website www.hiqa.ie. The purpose of this inspection was to assess compliance with the actions from the inspection of March 2011 and to gather information to assist in assessing the fitness of the newly appointed person in charge and key senior manager.

The inspection of 22 March 2011 and 23 March 2011 had concluded that there was a high standard of care provided to residents; however some concerns had arisen around the deployment of staff at night, and training for staff in the care of residents with dementia. There were five actions emanating from that inspection which are identified in the body of this report.

Summary of findings from this inspection

Inspectors found that there continued to be a high standard of care and that, of the five actions identified, three had been fully completed and two partially completed.

Issues covered on inspection

Fitness of Person in Charge and Key Senior Manager

Inspectors interviewed the person in charge Paddy Ryan, and senior manager Ann O'Driscoll, and formed the view based on the interviews, observation in the centre, and supporting information provided to the Authority, that both met the requirements for fitness as identified in the Health Act 2007.

Actions reviewed on inspection:

1. Action required from previous inspection:

Review the numbers and allocation of staff to ensure that there is adequate provision made for the supervision and care of residents at night.

Partially Completed

Inspectors noted that there was a system in place as outlined in the provider's response to this action in May 2011, to allow for staff checks on residents to be logged periodically. However, there was some ambiguity within the system in that, while it was set up to reflect half hourly checks, this was not reflected in the log. Inspectors were therefore concerned that the system was not yet fully functioning.

2. Action required from previous inspection:

Provide training for staff in communication techniques with residents suffering from dementia.

Ensure that all staff are made aware of relevant policies and procedures and that a record of their sign-off regarding such updates is maintained.

Completed

Evidence was available that staff had participated in training in the care of residents with dementia and the key senior manager, who deputises for the PIC, had relevant training in this area. There was evidence of additional training in areas such as non violent crisis intervention.

Copies of policies and procedures were readily available to staff and had been signed off accordingly.

3. Action required from previous inspection:

Ensure that the documentation outlined in Schedule 2 is available for all staff.

Partially Completed

Of the sample of six personnel files chosen at random by inspectors, the person in charge was able to provide some evidence that Schedule 2 documentation was in place, but not all Garda Síochána vetting had been completed and some medical certification as to the suitability of staff to carry out their duties was outstanding.

4. Action required from previous inspection:

Confine the recording of controlled drugs to one record to avoid duplication and error.

Completed

Evidence was available that the recording of controlled drugs was confined to one record with any additional record being for the use of the pharmacist only.

5. Action required from previous inspection:

Provide appropriate signage to assist in orienting cognitively impaired residents.

Review the security of the external doors that allow unimpeded access to the centre.

Review the layout of the two-bedded rooms that were formerly four-bedded to determine how a more pleasant environment might be created for the residents using them.

Provide sufficient and appropriate seating in the communal areas.

Completed

Signage was in place to assist cognitively impaired residents.

Inspectors were satisfied that on the day of inspection there was an adequate security system in place.

The two-bedded rooms were adequate to meet the needs of the occupants and some personal memorabilia and belongings were in evidence.

Appropriate seating had been provided based on the assessments of both occupational health and physiotherapy professionals.

Report compiled by:

Cathleen Callanan

Inspector of Social Services
Social Services Inspectorate
Health Information and Quality Authority

23 April 2012

Chronology of previous HIQA inspections	
Date of previous inspection:	Type of inspection:
30 September 2010	<input type="checkbox"/> Registration <input checked="" type="checkbox"/> Scheduled Monitoring Inspection <input type="checkbox"/> Follow-up inspection <input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced
22 March 2011 and 23 March 2011	<input checked="" type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input type="checkbox"/> Follow-up inspection <input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced

Provider's response to inspection report *

Centre:	Skibbereen Community Hospital
Centre ID:	0598
Date of inspection:	11 April 2012
Date of response:	24 May 2012

Requirements

These requirements set out what the registered provider must do to meet the Health Act, 2007, 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*.

1. The provider/person in charge has failed to comply with a regulatory requirement in the following respect:

Ensuring that at all times the numbers and skills mix of staff are appropriate to the assessed needs of residents and the size and layout of the designated centre.

Action required:

Review the numbers and skills mix of staff to ensure that there is adequate provision made for the supervision and care of residents at night.

Reference:

Health Act, 2007
Regulation 16: Staffing
Standard 24: Training and Supervision

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

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>The patients are seen at least every half hour by staff and this is now documented half hourly in the risk register.</p>	<p>Completed</p>

<p>2. The provider/person in charge has failed to comply with a regulatory requirement in the following respect:</p> <p>Employing a person to be a member of staff for whom documentation specified in Schedule 2 is not available.</p>	
<p>Action required:</p> <p>Ensure that documentation specified in Schedule 2 is available.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 18: Recruitment Standard 22: Recruitment</p>	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>We are currently awaiting Garda Síochána clearance on one member of staff who was given a contract on 1 March 2012.</p> <p>There are two other staff members for whom Garda Síochána clearance is not present as one staff member is on leave of absence since 2007. The other staff member does not work in the hospital but works in the hospital grounds with no patient contact involved.</p>	<p>31 August 2012</p>

Any comments the provider may wish to make:

Provider's response:

The management and staff of the hospital would like to thank the Authority for their report and recommendations, which will assist us to promote high standards of care and create an environment where our residents can feel safe and valued.

Provider's name: Teresa O'Donovan

Date: 24 May 2012