

NURSING HOME INFORMATION
STATEMENT OF PURPOSE

REGISTRATION DETAILS

1. The information set out in the Certificate of Registration

The Home is situated on Baltimore Road, Skibbereen, Co. Cork

Telephone: (028) 23617 – Fax: (028) 23044 – Email: Info@Skibbcare.com

The Registered Providers are: Skibbereen Residential Care Ltd., % Skibbereen Residential Care Centre, Baltimore Road, Skibbereen, Co. Cork.

It was opened in December 2004

The Home is owned by Skibbereen Residential Care Ltd

Current HIQA Registration, No. REG-0031585 expires 28/07/2019. Conditions as set by the Chief inspector are:

Condition 1. The designated centre Skibbereen Residential Care Centre shall be operated at all times with the Health Act 2007 as amended from time to time.

Condition 2. The designated centre Skibbereen Residential Care Centre shall be operated at all times with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2009 (as amended, consolidated, restated or replaced from time to time) and in compliance with all other regulations made under the Health Act 2007 as amended from time to time.

Condition 3. The designated centre Skibbereen Residential Care Centre shall be operated at all times in compliance with the National Standards for Residential Care Settings for Older People in Ireland (as amended, consolidated, restated or replaced from time to time) and in compliance with all other standards made under the Health Act 2007 and as the Chief Inspector may notify the registered provider from time to time.

Condition 4. The designated centre Skibbereen Residential Care Centre shall be operated at all times in compliance with all other legislation, regulations and standards which are applicable to it.

Condition 5. Subject to any prohibitions or restrictions contained in any other conditions(s), the designated centre Skibbereen Residential Care Centre shall be operated at all times in accordance with and shall provide only the services set out in its Statement of Purpose, as delivered and amended from time to time in accordance with article 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (S.I. No. 236/2009) (as amended, consolidated, restated or replaced from time to time).

Condition 6. No person under the age of 18 years of age shall be accommodated at the designated centre Skibbereen Residential Care Centre at any time.

Condition 7. The maximum number of persons that may be accommodated at the designated centre Skibbereen Residential Care Centre is 50.

The Home has 50 beds, 8 twin en-suite rooms (rooms 14 - 17 & 29 - 32) and 34 single en-suite rooms (rooms 1- 13, 18 – 28 & 33 - 42 . We cater for both male and female residents.

All rooms are en-suite with shower, toilet and handbasin.

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SERVICES AND FACILITIES PROVIDED IN THE DESIGNATED CENTRE

2(a). The aims and objectives of the designated centre:

THE AIMS OF SKIBBEREEN RESIDENTIAL CARE CENTRE.

- The aim of Skibbereen Residential Care Centre is to ensure the maximum possible individual care and attention for all of the residents of the home.
- Skibbereen Residential Care Centre is “for profit” a commercial organisation. However, we firmly believe that this does not in any way conflict with the reality of providing first class care, treatment, accommodation, catering, entertainment, facilities, and continuity of life style for our Residents.
- We fully recognise that problems will occur, that errors will be made, and complaints will be received. These problems, errors and complaints will be a valued source of data for improvement. We aim to continuously improve our operations to make life and conditions better for our residents.
- We have identified five core values and principals as a target in the management of the care of those living in Skibbereen Residential Care Centre:
 - Maximizing personal control
 - Enabling choice
 - Respecting dignity
 - Preserving continuity of life experience and care provision
 - Promoting privacy

OBJECTIVES OF SKIBBEREEN RESIDENTIAL CARE CENTRE

- Our objective is to provide a high standard of care and treatment in keeping with best practice and current legislation, to dependent people who can no longer live at home.
- To provide an environment, which as far as is possible replicates the resident’s previous home life.
- The preservation of residents’ dignity and privacy is critical.
- To ensure that our residents live in a comfortable, clean and safe surroundings.
- Our residents will be treated with respect and staff will be sensitive to individual needs and abilities.
- Resident’s opinions and preferences will be taken into consideration and will be treated with respect.
- To encourage residents to exercise choice, to the extent that the risk assessment allows. An environment which encourages individuality and self-awareness will be provided.
- The staff at the Home will seek to develop, maintain and maximise the full potential of each Resident.
- It is our objective to promote the greatest possible independence of every resident, no matter what their level of dependency.

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- Residents will be encouraged to retain links outside of the Home. They will also be encouraged to use these links as a form of alternative support and source of advice.
- The Home will be as non-institutionalised as is possible.
- The quality of life in the Home will be enhanced by a wide range of normal activities.
- Residents will be encouraged to mix; however, no pressure will be exerted on those who do not wish to.
- Responsible risk taking will be regarded as normal and residents will be encouraged to undertake certain activities despite an element of risk. There will be an avoidance of excessive paternalism to ensure minimum infringements of personal rights. Residents who are competent to judge the risk to themselves will be free to make their own decisions as long as they do not threaten the safety of others.

2(b). The specific care needs that the designated centre is intended to meet.

THE LEVEL OF NEEDS THAT CAN BE ACCOMMODATED

The following are the level of needs that can be accommodated in the Home:

- We can accommodate independent to maximum dependency clients
- Post-operative clients including post-op cardiac surgery

SPECIAL NEEDS THAT CAN BE ACCOMMODATED

We also provide convalescence, respite and dementia care. Post stroke, Post-operative care and basic nursing care.

CATEGORIES OF CARE PROVIDED

The following are the categories of care provided by the Home:

- Respite / Convalescent Care
- Short, medium and long-term retirement/residential Nursing care

2(c). The facilities which are to be provided by the registered provider to meet those care needs:

The facilities provided

The following facilities are provided by the Home:

- In house award winning catering facility
- TV / Internet access in each bedroom
- Direct dial telephone in each bedroom
- Weekly entertainment program
- In house physiotherapist

The physical facilities of the premises.

- Physiotherapy Room
- Internal atrium gardens
- Library
- Television Room
- Spacious Lounge
- Hairdressing salon
- Oratory

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2(d). The services which are to be provided by the registered provider to meet those care needs:

ETHOS OF CARE

- We cater for the individual needs of each Resident - an essential aspect of the caring process. We endeavour to match the ideal staff member to each Resident, to cater for preferences for male or female, quiet or lively, casual or formal.
- Daily routines are carried out at the Resident's pace, with the emphases on maximizing personal control, enabling choice and respect for dignity. By taking the time to get to know each of our residents, we cultivate a friendly and happy atmosphere that residents, relatives and staff alike warm to right away.

APPLYING OUR ETHOS OF CARE

POLICY STATEMENT ON OUR ETHOS OF CARE

The following principals will be applied in the delivery of care to all of our residents:

- Tailoring care to the individual
- Knowing our Residents personally
- Respecting Residents rights
- Ensuring Residents privacy and dignity
- Maximising Residents abilities and independence
- Managing risk appropriately
- Promoting choice
- Empowering Residents
- Empowering relatives
- Earning the trust of Residents and their relatives
- Nurturing Harmony, Peace, Calm and Love

Good staff whose qualities include:

- The necessary skills
- Kindness
- Evidence of a caring attitude

Good care for the Resident, including:

- Dignity, privacy and respect
- Individuality in care
- Making the Resident feel special (e.g. an affectionate touch, hand holding or a kiss)

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- Clothes carefully laundered and returned intact
- Ensuring that Residents are always clean, (shaved) tidy and properly dressed
- Appropriate activity and stimulation
- Plenty of outings
- Good food

A good physical environment, including:

- Security
- A pleasant, homely environment
- Plenty of space
- A nice garden
- Good location and accessibility
- Facilities for meetings and visits, other than in the Residents bedroom
- A permanently clean environment
- Pleasant décor and a comfortable environment
- No unpleasant odours

A good social environment, including:

- Homely, family atmosphere
- Loving atmosphere
- Happy atmosphere
- Activity / stimulation – people not sitting around the room for long periods

Policies

The following are a list of key policies that inform practice in the Home and these are available on request from the Person in Charge.

- The Prevention, Detection & Response to Abuse
- Residents Personal Property & Possessions
- Communication
- End of Life Care
- Recruitment, Selection and Vetting of Staff
- Monitoring and Documenting of Nutritional Intake
- The Creation, Access to, Retention of and Destruction of Records
- Health & Safety, including Food Safety, of Residents Staff & Visitors
- Risk Management
- Medication Management
- Complaints
- Missing Persons
- Temporary Absence and Discharge of Residents
- Emergencies
- Reactive & Responsive Behaviour
- Admissions

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2(e). Criteria used for admission to the designated centre, including the centre's policy on and procedures (if any) for emergency admissions:

Admission Policy

POLICY

Where possible all new long stay residents will visit the home prior to admission where they will have an opportunity to meet staff and other residents and to see the proposed accommodation.

It is highly desirable that a health professional from Skibbereen Residential Care Centre will visit the resident at home/hospital prior to admission and conduct a Pre-Admission Assessment.

Emergency admissions will be avoided as will not be possible to access the suitability of the home for the resident and vice versa.

All new residents will be provided with:

- A contract
- The Residents Guide
- Statement of Purpose and Function is available at Nurses Station

PRIOR TO THE ARRIVAL OF A NEW RESIDENT

The prospective resident must be offered the opportunity of having a member of the clinical staff visit them in their own home or in hospital to discuss their transition to long term care. A Pre-Admission Form will be completed, and a Barthel Assessment will be carried out to determine dependency level of new resident and their suitability for Skibbereen Residential Care Centre

Prior to admission the resident and/or their representative are informed by the Administrator Catherine Thornton of all fees including additional costs and "extras". This information will be noted in writing in the Contract of Care.

A copy of the Residents Guide will be provided to the prospective Resident/ Relative, during their pre-admission visit or during our staff visit to them.

Prior to admission all residents will be assessed for signs of dementia.

Prior to the arrival of a new resident with dementia.

At Skibbereen Residential Care Centre all residents will be assessed for indicators of dementia at the pre-admission/admission stage and immediately after admission.

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ASSESSMENT OF NEW RESIDENT PRIOR TO ADMISSION

Each resident must be assessed immediately before or on admission to a centre. The care plan must be prepared within 48 hours of admission to the centre. The care plan must be formally reviewed at intervals not exceeding 4 months.

Regulation 5 – Individual assessment and care plan

The Registered Provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with clause below. (SI 415 5(1) 2013)

The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to a designated centre. (SI 415 5(2) 2013)

In order to ensure continuity of care, prior to, or at the time of admission the following information must be collected and must be recorded on the Care Plan:

- Information on the residents' circumstances.
- Medication/treatments.
- Intervention by medical professionals.

The accessing professional will decide which assessment tools to use.

A potential resident, with their family's/representative's support, can participate in the assessment if they so choose. Prior to Admission the Person in Charge will review a potential resident for suitability.

PREPARATION FOR THE ARRIVAL OF A NEW RESIDENT

Prior to admission all new residents will be approved for suitability by the person in Charge.

Where Fair Deal does not apply, a fee will be established by the Administrator, Catherine Thornton, based on current prices, dependency level and any other factors as necessary.

Where the Fair Deal is applicable the Administrator Catherine Thornton will agree the "difference" to be paid by the resident and the method of payment. This arrangement will be entered in the Contract of Care.

The resident's room is prepared by housekeeping and checked by the Nurse on duty.

NOTE: Once a room is allocated to a resident, the resident must not be moved from the room, unless at their request/medical reason/identified risk. Residents who are in hospital must have their room reserved for their return.

THE ARRIVAL OF THE NEW RESIDENT

WELCOME THE NEW RESIDENT

Welcome the new resident to their new home.

Ensure that all staff welcome the new resident.

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Resident and family will be shown around and introduced to staff and other residents as applicable, preferably by the Person in Charge.

Facilities available, times of events, etc. given to new resident.

Establish how the new resident likes to be addressed, introduce the resident by this name to staff. Record the residents preferred mode of address on the Residents Care Plan.

Assist new resident with “settling in” to their new room, showing them the call bell, en-suite, etc.

The new resident will be advised of the complaint procedure, the advocacy process and the Residents Representative Committee.

INDUCTION OF A NEW RESIDENT

The new resident must be consulted on what information can be given to relatives/representatives. It must also be established if there are people whom the resident does not wish to visit them. A record of this consultation and the outcome must be maintained on Care Plan.

In completing forms for Care or Administration purposes, staff must be extremely sensitive to the residents/relatives' situation.

In sensitive circumstances, the Nurse in Charge may decide to postpone “form filling” with the critical exception of the Register of Dependent Persons and critical aspects of the *Care Plan and Residents Medication / GP Notes File*.

In the course of the first days, weeks the resident can be introduced to other residents, particularly those with common interests. No “pressure” will be exerted on the new resident.

ASSESSMENT & CARE PLANNING

The GP is advised of new resident by Nurse in Charge not later than 48 hours of arrival, but preferably on arrival.

In accordance with the residents wishes the assessment findings are communicated to the resident/family/representative.

With the resident's permission care/treatment is explained to the resident/ representative along with the advantages and disadvantages in order to make informed choice.

The person in charge shall prepare a care plan, based on the assessment referred to below for a resident no later than 48 hours after that resident's admission to the designated centre. *(SI 415 5(3) 2013)*

- Contenance Assessment
- Barthel
- Waterlow
- CANARD
- FRAT
- Manual Handling
- QMCI
- MUST

NOTE: Reviews of the residents care needs must take place as the resident's needs change, but these should not be at a frequency greater than four months.

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COMMENCEMENT OF THE CARING PROCESS

The residents wish regarding their care and treatment is discussed and as far as possible is implemented.

In accordance with the residents wishes the assessment findings are communicated to the resident/family/representative, along with the advantages and disadvantages of any treatment, in order to make informed choice.

Open Residents Daily Nursing Report.

Advise kitchen of special diets.

ADMINISTRATION PROCESS

Register Residents property and belongings on Resident Property List.

Residents/ family/ representative will be asked to inform home of any changes to resident's property.

Offer Contract of Care to Resident / Relative/ Representative on admission.

When the resident/ relative/ representative cannot or will not sign the contract a record of this event is retained.

Administrator will open internal Account for Resident and explain charging of "extras" (if not already done).

EMERGENCY ADMISSIONS

An Emergency admission is an admission that is unplanned, unprepared or not consented to in *advance*.
(HIQA National Quality Standards for Residential Care Settings Glossary of Terms)

Emergency admissions will be avoided if possible.

No later than 24 hours after the emergency admission the new resident/family/ representative must be informed of the key aspects of the service contained in the Residents Guide. Offer the resident access to independent advocate and note in Admission form.

A resident admitted in an emergency must be given time and information and access to independent advocate (*someone to speak on their behalf*) if necessary, in order to decide if they want to remain in the Home on a long-term basis.

The resident should be encouraged to avoid making any irrevocable decision during this period.

Admission and Assessment will proceed as above.

3. The age range and sex of the residents for whom it is intended that accommodation should be provided:

We will cater for both male and female residents. No one under the age of 18 will be accommodated in the centre. We will provide care for residents aged 40 to 120.

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4. A description of the rooms (in either narrative form or floor plan) of the rooms in the designated centre including their size and primary function:

Room	Measurement (metres)	Area Metre ²
Television Room	5.18m x 8m	41.44m ²
Lounge	6.7m x 11.5m	77.0m ²
Oratory	7.7m x 2.8m	21.56m ²
Single En-suite* Bedroom x 34 (rooms 1 – 13, 18 – 28 & 33 – 42)	4.9m x 3.3m	16.17m ²
Twin En-suite* Bedroom x 8 (rooms 14 – 17 & 29 – 32)	6.8m x 3m	20.4m ²
Sluice Rooms	3.1m x 2.1m	6.93m ²
Cleaners Room	3.8m x 2.8m	10.64m ²
Staff Toilets (2 x toilets 1 x handbasin)	3.8m x 2.6m	9.88m ²
Linen Room	2.9m x 2.7m	7.83m ²
Staff Cloak Room	5.5m x 1.7m	9.35m ²
Disabled Toilets x 2 (1 x toilet, 1 handbasin)	1.9m x 2.1m	3.99m ²
Storeroom	5.5m x 3.2m	17.6m ²
Bathroom (1x bath, 1 x toilet & 1 x handbasin)	5.4m x 3.2m	17.28m ²
Smoking Room	4.8m x 3.3m	15.84m ²
Therapy Room	5.5m 2.4m	13.20m ²
Hairdressers	5.5m x 3.3m	18.15m ²
Clinical Room	2.9m x 2.5m	7.25m ²
Storeroom	3.8m x 2.0m	7.6m ²
Dining Room	8.0m x 7.6m	60.08m ²
Visitors Toilet (1 x toilet, 1 handbasin)	1.9m x 2.7m	5.13m ²
Residents Toilet (2 x toilets, 1 x handbasin)	2.1m x 2.6m	5.46m ²

*En-suite contains shower, toilet and handbasin

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Any separate facilities for day care:

Skibbereen Residential Care Centre does not provide any separate facilities for day care.

MANAGEMENT AND STAFFING

6. The total staffing compliment, in whole time equivalents, for the designated centre with the management and nursing compliments as set out in Regulations 14 and 15:

STAFFING ARRANGEMENTS

- The number and skill mix of staff on duty is determined and provided according to a transparently applied, nationally validated, assessment tool to plan and meet the needs of the residents. This is subject to regular review by the Person in Charge.
- The Person in Charge will ensure that the skill mix of qualifications of all staff (qualified and unqualified) are at all times appropriate.
- Staffing levels will be determined by:
 - The assessed needs of the residents
 - The size of the Home
 - The layout of the Home

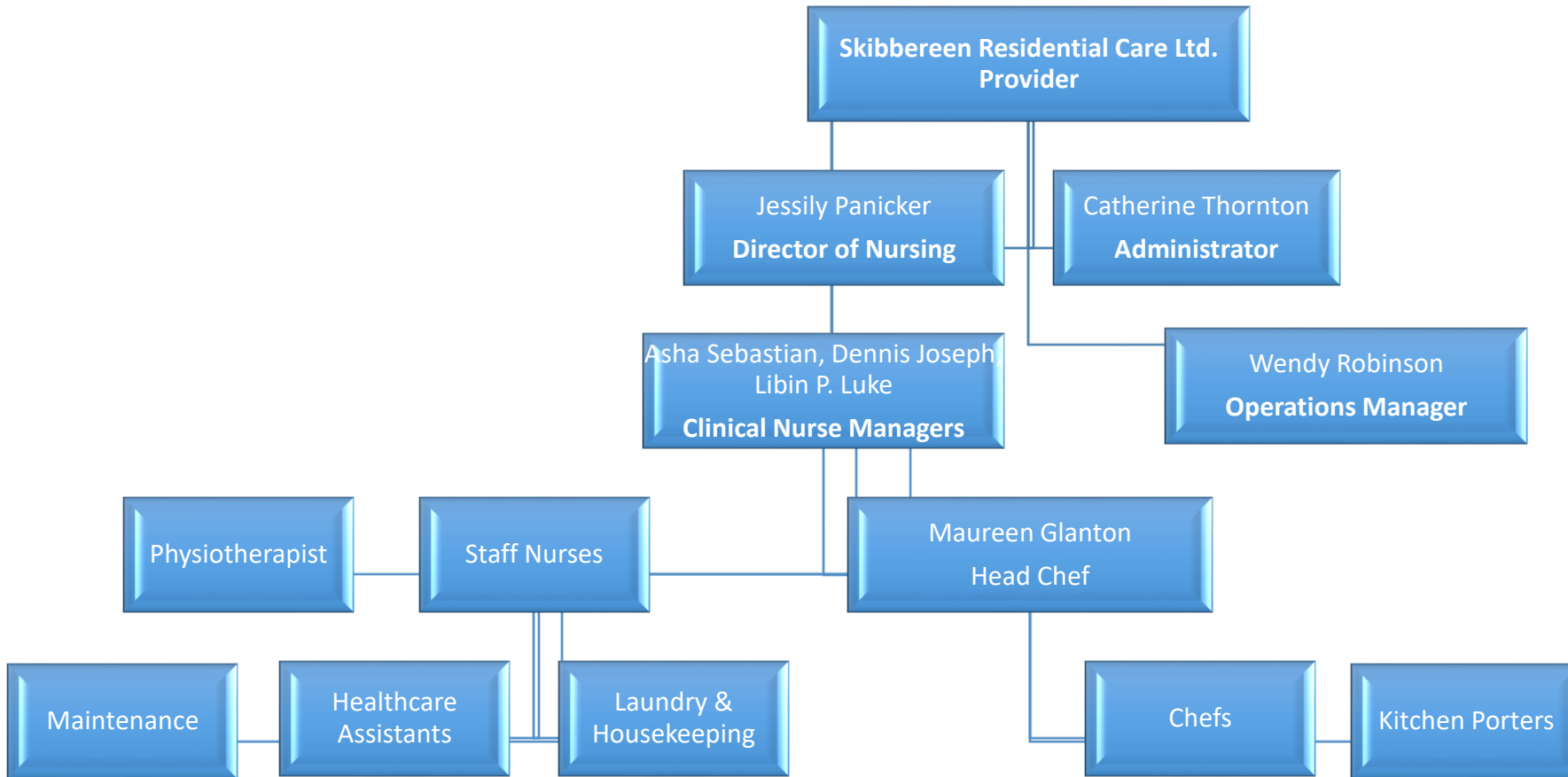
Current staffing arrangements are as follows: Position	No. Employed	No. of whole-time equivalents
Management	4	4
Nursing Staff	10	9.33
Healthcare Assistants	33	20.8
Kitchen Staff	9	19.44
Cleaning/Laundry Staff	8	4.2
Caretaker	1	0.5
Physiotherapist	1	0.5
Activities	2	1
Totals		42.13

The Person in Charge is Jessily Panicker RGN, BSc Nursing, PGDip Gerontological Nursing, Director of Nursing. % Skibbereen Residential Care Centre, Baltimore Road Skibbereen, Co. Cork

Also included in the management team are Asha Sebastian, Libin P. Luke & Dennis Joseph, CNM's and Wendy Robinson, Operations Manager.

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7. The organisational structure of the designated centre:



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8. Arrangements for the management of the designated where the person in charge is in charge of one or more than one centre or absent from the centre or centres concerned:

Jessily Panicker, Director of Nursing (PiC) does not have responsibility for any other designated centre. In the absence of the PiC for a period more than 28 days, Health Information and Quality Authority will be informed. Should the PiC be absent for any reason, either Dennis Joseph, Asha Sebastian or Libin P. Luke (PPIM's) are arranged to manage the centre.

9. The arrangements made for dealing with reviews of the residents care plan referred to in Regulation 5:

Review of Care Plans

Care plan documents will be reviewed and updated on a four-monthly basis. A care plan summary assessment/action sheet will be completed and discussed with the resident or the residents' next of kin.

10. Details of any specific therapeutic techniques used in the designated centre and the arrangements made for their supervision:

11. The arrangements made for respecting the privacy and dignity of residents:

Mission Statement

Our aim is to enhance the quality of life of our residents. This will be achieved by embracing all aspects of health and social care within an environment designed and equipped to provide a first-class standard of care within a peaceful and tranquil setting.

Philosophy of Care

Each staff member will respect your right to dignity.

You are an individual, not just a person.

Our staff will always address you as you wish to be addressed and will show sensitivity and tact in caring for you at all times.

Your right to decide what happens to you will be respected and your consent will be sought at all times. Each member of staff will respect your right to privacy.

Your room is your private domain. You have the right to be undisturbed if you wish and staff will always knock at your door and wait for response before entering, however, this will be discussed with you on admission.

Each member will respect your right to independence. We will help you to live an independent life as far as is possible.

We commit ourselves to finding out your likes and dislikes and to be guided by your individual preferences.

Each member of staff will respect your right to choose including your right to decide on going to bed and rising.

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You tell us whether you wish to join in activities and what you prefer to eat.

When we compile your Care Plan it will be with you or your relatives or representative participation in the plan.

As far as possible, you will decide how you wish to live, and how you wish to be cared for.

We will ensure that your physiological, psychological, and social needs are fulfilled to your desired potential.

You will be allowed and assisted to follow the religion of your choice and to have any special needs in relation to this met.

If you wish you will be able to receive visitors at any reasonable time and contact relatives or friends whenever you choose.

12. The arrangements made for residents to engage in social activities, hobbies and leisure interests:

Social Activities, hobbies & interests.

- | | |
|---|---|
| <input type="checkbox"/> Library | <input type="checkbox"/> Concerts |
| <input type="checkbox"/> Organising specialist events | <input type="checkbox"/> Bingo |
| <input type="checkbox"/> Music and movement sessions | <input type="checkbox"/> Card games |
| <input type="checkbox"/> Dancing | <input type="checkbox"/> Music evenings |
| <input type="checkbox"/> Sing-along | <input type="checkbox"/> Readings |
| <input type="checkbox"/> Mass/Service | <input type="checkbox"/> Art |
| <input type="checkbox"/> Quizzes | <input type="checkbox"/> Gardening |

Outings such as:

- | | |
|-------------------------------------|--|
| <input type="checkbox"/> To shop | <input type="checkbox"/> For walks |
| <input type="checkbox"/> To dine | <input type="checkbox"/> For afternoon tea |
| <input type="checkbox"/> To seaside | |

Events such as:

- Birthday parties
- Anniversaries
- Personal Special Occasions
- Christmas festivities
- Easter festivities
- Halloween
- Sunday lunch with wine served

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13. The arrangements made for consultation with, and participation of, residents in the operation of the designated centre:

Regular residents' meetings are held by the centre advocate and a response is prepared by the person in charge. Residents are facilitated and assisted to regularly complete feedback forms.

14. The arrangements made for residents to attend religious services of their choice:

Worship

Clergy of all denominations are welcome at any time and regular services are held at the Home. Should you wish us to contact your priest or minister, please do not hesitate to ask. Mass is held every month; Holy Communion is offered every Sunday. C.O.I. representatives call on a weekly basis with C.O.I. services held regularly.

15. The arrangements made for contact between residents and their relatives, friends and/or carers:

A good response to relatives, including:

- Easy relaxed relationships between relatives and staff
- Relatives made to feel welcome
- Relatives invited to partake in representation process
- Relatives feeling able to influence care
- Contact with other Residents
- Contact with other relatives
- Management and staff appreciation of relatives and their feelings

Residents may come and go, based on appropriate risk assessment, and visitors are welcome at all times. We consider social relationships with like-minded people to be of the utmost importance and we arrange a wide range of social and recreational activities both on the premises and outside.

16. The arrangements made for dealing with complaints:

POLICY ON COMPLAINTS

Skibbereen Residential Care Centre welcomes feedback on its service from residents, relatives and representatives.

The issue of procedural fairness will be considered at all times when investigating any complaint. Procedural fairness will ensure that:

- Complaint handling allows all parties involved in the complaint (including the resident, the relative and specified employees) the opportunity to respond. Where an action could adversely affect somebody, the person that may be affected must have the chance to state their point of view before the action is taken.

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- The process will be fair to all parties. The Person in Charge, who is the person nominated to deal with complaints will be impartial, prejudice free and unbiased in their decision making.

All complaints are taken seriously and dealt with promptly and effectively.

Residents or representatives making a complaint will not suffer adversely as a result.

Skibbereen Residential Care Centre will operate a complaints procedure that meets the requirements of the Health Act SI 415 2013 and National *Quality Standards for Residential Care Settings for Older People in Ireland (Health Information and Quality Authority)* and this is designed to provide an effective means of allowing residents or their representatives to complain about the quality or nature of the service.

Each resident/representative will be advised of the complaint procedure by the Person in Charge or Nurse in Charge within 48 hours of admission.

Arrangements for dealing with complaints will be publicised and available at Nurses station in a *summary format*. The full procedure is available from the Person in Charge.

The complaints procedure includes a step-by-step guide to making a complaint, the timescales involved, and contact details for the HSE, HIQA and for Advocacy services. This is contained in a summary entitled "Summary of Complaints Procedure" (See Appendix 1)

Skibbereen Residential Care Centre will nominate a person to deal with complaints in so far as that person is not the subject of the complaint.

Staff at Skibbereen Residential Care Centre will know how to receive and deal initially with complaints. Complaints will be investigated promptly and staff will assist a complainant to understand the complaints procedure. The outcome from investigations will be communicated to the complainant in a complete and timely manner.

Advice will be provided to residents/ relatives on how to make a complaint and who to contact outside the home if they remain dissatisfied or require support services, including independent advocacy. We recognize because of the nature of caring, entirely a people service, driven by people's needs, there will inevitably be complaints.

Complaints may be received from residents, relatives or their representatives.

PROCEDURE

The PiC will make each resident and their family aware of the complaints procedure as soon as is practicable after the admission of the resident to the designated centre concerned.

A copy of the complaints procedure is displayed in a prominent position at Skibbereen Residential Care Centre.

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All complaints will be investigated within 24 hours of receipt by the PiC. In the absence of the PiC the provider will investigate, and complainants will be assisted by staff to understand the complaint procedure.

A record will be maintained of all complaints on the Corrective Action Request (CAR) and the complainant will be informed of the outcome of the complaint no later than 28 days after receipt.

The CAR will be raised at the Quality Meeting to determine what Improvements can be made. *(SI 415 (10) 2013)*

The registered provider shall ensure that all complaints and the results of any investigations are properly recorded and that such records shall be in addition to and distinct from a resident's individual care plan. *(SI 415 (2) 2013)*

STAGE 1: MANAGEMENT OF A VERBAL COMPLAINT

In the first instance, issues of concern to the resident, or representative, visitor are addressed *immediately* at local level and without recourse to the formal complaint's procedure, unless the complainant wishes otherwise.

The Nurse on Duty has clear authority to resolve verbal complaints at first point of contact wherever possible.

Every effort will be made to resolve a verbal complaint immediately or within 24 hours of receiving the verbal complaint. A record will be maintained in the Nurses Notes.

Where *complaints cannot or should not be* resolved at the first point of contact due to their seriousness or complexity, these complaints must be referred to the Person in Charge for investigation.

There are a variety of reasons why a verbal complaint should not be managed at Stage 1 of the process. The key reasons include:

- The complaint involves too many issues to resolve at the point of contact.
- The complaint was a result of harm/incident or a near miss and requires further investigation to identify and eliminate the root causes.
- The complaint may involve abuse, assault, theft or other serious activity.

Complainants may not accept the outcome of the management of the complaint at the point of contact and the complaint must be then referred to the Person in Charge.

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THE NOMINATED PERSON FOR DEALING WITH COMPLAINTS

The Person in Charge, Jessily John Panicker is the nominated person for dealing with complaints and is responsible for carrying out the formal investigation of the complaint. The Person in Charge may draw on appropriate expertise, skills etc. as required to assist in the investigation of the complaint.

Should a complaint concern the Person in Charge the complaint will then be dealt with by the Provider. (SI 415 (1) (c) 2013)

ENSURING THAT COMPLAINTS ARE PROPERLY ADDRESSED

The Person in Charge will bring all formal Complaints to the attention of the Registered Provider Skibbereen Residential Care Ltd., who are responsible for ensuring that all complaints are properly addressed and investigated promptly. The registered provider shall also ensure that any resident who has made a complaint is not adversely affected by reason of the complaint having been made (SI 415 (4) 2013) and that

(a) all complaints are appropriately responded to; and

(b) the person nominated to deal with complaints maintains the records specified under in paragraph (SI 415 2013)

The Registered Provider and Person in Charge will co-operate with any complaints investigation carried out by the HSE or HIQA or by the advocate or independent person.

STAGE 2 INFORMAL RESOLUTIONS

Complaints that could not be resolved at Stage 1 or should not be resolved at the first point of contact due to their seriousness or complexity are then passed to the Person in Charge for resolution by informal means or through a formal investigation.

The Person in Charge may carry out a pre-investigation to check the validity of the complaint.

The Person in Charge may consider whether it would be practicable, having regard to the nature and the circumstance of the complaint, to seek the consent of the complainant (and any other person to whom the complaint relates) to *mediate an informal resolution* of the complaint by the parties concerned.

STAGE 3 FORMAL INVESTIGATIONS

Where informal resolution was not attempted or was not successful, the Person in Charge will initiate a formal investigation of the complaint and a *Complaint Form (CAR)* will be generated.

Staff have an obligation to participate and support the investigation of any complaint where requested.

Where a written complaint is received from a resident, relative or representative this must be brought to the attention of the Person in Charge at the earliest opportunity and be acknowledged within one week. The Person in Charge will investigate in the same way as a formal complaint.

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Principles Governing the Investigation Process

The investigation will be conducted thoroughly and objectively with due respect for the rights of the complainant and the rights of the staff members to be treated in accordance with the principles of natural justice.

All complainants have a right to appoint an advocate to assist them in making their complaint and to support them in any subsequent processes in the management of that complaint.

The Person in Charge will have the necessary expertise to investigate impartially and expeditiously. Where appropriate, the Person in Charge may request appropriately qualified persons to carry out clinical assessments, validation exercises etc.

Confidentiality will be maintained throughout the investigation to the greatest extent possible.

A written record will be kept of all meetings and treated in the strictest confidence.

The Person in Charge may interview any person who they feel can assist with the investigation.

Staff who participate in the investigation process will be required to respect the privacy of the parties involved by refraining from discussing the matter with other work colleagues or persons outside the organisation.

It will be considered a disciplinary offence to intimidate or attempt to obstruct the investigation process in any way.

Great care and consideration will be given to the recording of the complaint considering the Defamation Act 2009.

Complaints received about named staff members may need to be investigated in conjunction with legal advice.

The Investigation Process

The following are the steps in the investigation process:

The Person in Charge will:

- Identify all parties involved in the complaint (i.e. complainant & staff members about whom the complaint is being made).
- Advise all parties involved in the complaint of the decision to carry out a formal investigation.
- Determine if an investigation team is required to support the investigation of the complaint.
- Develop terms of reference with the investigation team members
- Gather all relevant evidence to support the investigation process

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- Request the Complainant to make written representations in support of his/her complaint/ or have a statement dictated and recorded.
- As part of the investigation, both the complainant and the staff members about whom the complaint was made will be provided with the opportunity to give their version of events and to provide evidence/explanations in relation to their actions.
- All parties must be informed of their right to be accompanied by a support person / relative / trade union representative etc. at any meetings.
- The complainant is to be given the opportunity to identify what they would like to happen as a result of making the complaint.

The Person in Charge must ensure that the expectations of the complainant are managed and that the complainant is clear about what can and cannot be achieved through the investigation.

The investigation is to determine the sequence of events leading to the complaint and the root causes of the complaint.

Conclusions about a complaint must not be made unless there is a logical flow to the evidence supporting the complaint.

Where the investigation highlights unfavourable employee related issues, those issues will be referred to HR or legal advice may be sought in order to protect the provider and the employee.

In the case of serious complaints, such as abuse, assault, theft etc. prior to the Person in Charge making a finding or a criticism in his or her report, adverse to any person, legal advice may first be sought by the Person in Charge to ensure that the findings do not breach the rights of the employee or any relevant legislation.

No reports will be finalised or “published” without having afforded the person concerned the opportunity to consider the proposed findings or criticism and to make representations in relation to it.

Recommendations and Findings

The Person in Charge will decide on any recommendations to be made as a result of the findings of the investigation. These recommendations to include:

- Redress for the complainant where deemed appropriate by the investigation,
- Preventative action to be taken to remove the causes of the complaint or its likelihood for re-occurrence as far as is reasonably possible

POST INVESTIGATION OF THE COMPLAINT:

- The Person in Charge will complete the Complaint Form with his/her findings,
- Any recommendations which he or she considers appropriate, and

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- The reasons for such findings and recommendations.

The result of the investigation and the findings will be advised to the complainant by the Person in Charge.

OUTCOME

The outcome from the complaint investigation is recorded by the Person in Charge on the complaint form (CAR) and whether or not the resident was satisfied. The results of the investigations into the matters complained of and any actions taken on foot of a complaint are fully and properly recorded and that such records shall be in addition to and distinct from a resident's individual care plan. Records will be maintained for 7 years after the complaint has been investigated and the complainant is informed of the outcome of, and of the outcome of any appeal arising from an investigation or seven years after the resident(s) to whom the complaint relates ceases to be resident in the home, whichever is the longer.

TIMESCALE

The person in charge will investigate the complaint and provide feedback to complainant as soon as possible but no longer than 28 days. Should the investigation take longer than 28 days the complainant will be kept informed of the reasons for the delay and progress. All communication with the complainant will be recorded by the Person in Charge.

INDEPENDENT APPEALS PROCESS.

Where the investigation fails to resolve the complaint, the complainant may seek a review of their complaint by a third party in the form of a local advocate:

Ann O Sullivan - 087-9136523

Or a national advocacy organisation:

Age Action Ireland, Telephone: 01 4984746

Or the Ombudsman's Office

If you have complained to the home and you're not satisfied with our decision on your complaint it is open to you to contact the Office of the Ombudsman. The Ombudsman provides an impartial, independent and free service. By law the Ombudsman can examine complaints about any of our administrative actions or procedures as well as delays or inaction in our dealings with you. The Ombudsman's remit relates to complaints about actions which occur on or after 24 August 2015. The Ombudsman cannot examine complaints about actions which occurred before that date with the exception of complaints from residents eligible to complain under "You're Service Your Say" (Residents whose place is provided under a contract with the HSE).

Contact details are as follows:

THE OFFICE OF THE OMBUDSMAN

18 Lower Leeson Street

Dublin 2.

Phone: LoCall 1890 22 30 30 or (01) 639 5600

Email: ombudsman@ombudsman.gov.ie

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You can also make a complaint online using the online complaint form www.ombudsman.gov.ie

Residents are at all times free to direct a complaint to the HSE if they so desire and they will be properly and fully facilitated by our staff in so doing.

Name and Address of Local HSE Office

HSE Office, Coolnagarrane, Skibbereen, Co. Cork Tel: (028) 40400

SERIOUS COMPLAINTS

Where a complaint relates to abuse, exploitation, assault or neglect the complaint should be addressed to HIQA/HSE/Garda by the PiC

RECORDS

All Formal Complaints will be recorded on the Complaints Form.

Verbal Complaints will be recorded.

ANONYMOUS COMPLAINTS

All anonymous complaints, both written and verbal, will be documented on the complaint form and brought to the attention of the Person in Charge for a decision as to whether quality improvements are required on the basis of the complaint.

It is the policy of Skibbereen Residential Care Centre that complainants must provide contact details when making a complaint to enable appropriate validation, follow up and investigation of that complaint.

Anonymous complaints will not be investigated as there is always a possibility that they are vexatious or malicious and the anonymity of the complainant does not enable the principles of natural justice and procedural fairness to be upheld.

If a complainant makes a complaint in confidence, the identity of the complainant will only be known to the recipient of the complaint and the Person in Charge. If the investigation of the complaint requires the identity of the complainant to be disclosed, the consent of the complainant must be obtained to disclose this information. In this case, the complainant must be informed that it may not be possible to carry out a full and proper investigation of the complaint without their consent to disclose their identity.

VEXATIOUS OR MALICIOUS COMPLAINTS

If found to be frivolous or vexatious, this nursing home will not pursue the complaint any further.

If a complaint is found to be vexatious or malicious, there will be no record of the complaint in the file of the staff member / service about which the complaint was made.

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QUALITY CONTROL

CORRECTIVE, PREVENTATIVE ACTION FOLLOWING A COMPLAINT

Arrangements for the identification, recording, investigating and learning from serious or untoward complaints or adverse events involving residents, staff and visitors are in place.

A Corrective, Preventative Action process is in place in Skibbereen Residential Care Centre. This involves

- i. The identification of the problem as identified in the complaint
- ii The solution to the problem and the name of the person who will act to resolve the problem and the date by which the problem must be resolved.
- lii Details of the action actually taken, who took the action and the date of completion
- lv The system requires that preventative action is taken. Following a Complaint, Preventative Action will be identified at a meeting of the PERSON IN CHARGE, Nurse on Duty and any other person deemed necessary to contribute to the process. The Preventative Action will set out details of actions required to prevent a reoccurrence of the problem and to improve performance in the defective area. The person who is responsible for the process and the time frame is identified. The PERSON IN CHARGE will review the Preventative Action within a month of its application to ensure that the action is having the desired effect.

Where the Preventative Action is not having the desired effect, it will be reviewed and modified accordingly.

HEALTH INFORMATION AND QUALITY AUTHORITY (HIQA)

When to contact HIQA about your concern

This is what HIQA say on their website:

“We welcome information about designated centres for dependent persons, such as nursing homes, or any concerns people may have about the health or social care services they are receiving.

While we do not have the legal power to investigate individual complaints, we do review all information or concerns about services we receive and we assess them against the regulations and the standards.

If there is a serious risk to the health and welfare of service users, the Authority may decide to take appropriate action in relation to that service. We may also undertake, or be required by the Minister of Health to undertake, an investigation into the safety, quality and standard of healthcare services.

If you wish to contact us regarding a concern about a service, you can:”

- phone 021 240 9646;
- email concerns@hiqa.ie; or

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- post information to: Concerns About Services, Health Information and Quality Authority, George's Court, George's Lane, Smithfield, Dublin 7, Ireland."

APPENDIX 1

Skibbereen Residential Care Centre

SUMMARY OF COMPLAINTS PROCEDURE

A copy of the full Complaints Policy and Procedure is available from the Person in Charge.

THE NOMINATED PERSON FOR DEALING WITH COMPLAINTS

In the first instance, The Nurse on Duty has clear authority to resolve any verbal complaints.

Where *complaints cannot or should not be* resolved at the first point of contact due to their seriousness or complexity, these complaints must be referred to the Person in Charge for investigation. The Person in Charge Jessily John Panicker is the nominated person at Skibbereen Residential Care Centre for dealing with complaints.

Timescale

The Person in Charge will deal with the complaint and report back to you as soon as possible but no longer than 28 days after the complaint was made.

ENSURING THAT ALL COMPLAINTS ARE PROPERLY ADDRESSED

The Person in Charge will bring all formal Complaints to the attention of the Registered Provider Skibbereen Residential Care Ltd., who is responsible for ensuring that all complaints are properly addressed and investigated promptly.

INDEPENDENT APPEALS PROCESS.

Where the investigation fails to resolve the complaint, the complainant may seek a review of their complaint by a third party in the form of a local advocate:

Name of Local Advocate, Ann O Sullivan 087-9136523.

Or the Ombudsman's Office

If you have complained to the home and you're not satisfied with our decision on your complaint it is open to you to contact the Office of the Ombudsman. The Ombudsman provides an impartial, independent and free service. By law the Ombudsman can examine complaints about any of our administrative actions or procedures as well as delays or inaction in our dealings with you. The Ombudsman's remit relates to complaints about actions which occur on or after 24 August 2015. The Ombudsman cannot examine complaints about actions which occurred before that date with the exception of complaints from residents eligible to complain under "You're Service Your Say" (Residents whose place is provided under a contract with the HSE).

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You can also make a complaint online using the online complaint form www.ombudsman.gov.ie

Residents are at all times free to direct a complaint to the HSE if they so desire they will be properly and fully facilitated by our staff in so doing. Please ask the nurse on duty or the Person in Charge for any assistance you require.

Detail of local HSE Office:

HIQA If you wish to contact HIQA regarding a concern about a concern, you can:

- phone 021 240 9646;
- email concerns@higa.ie; or
- Post information to: Concerns about Services, Health Information and Quality Authority, George's Court, George's Lane, Smithfield, Dublin 7, Ireland."

17. The fire precautions and associated emergency procedures in the designated centre:

EMERGENCY PROCEDURES

Fire precautions

Adequate alarm and extinguishing systems are in place as per regulatory requirements. All staff complete mandatory fire training and evacuation procedure training as required. All systems of firefighting equipment are maintained to the requirements of I.S 291 2002 and are certified to date. The Fire Alarm system is maintained quarterly and tested in accordance with I.S 3218:1989 clause 29.2.5.

EMERGENCY EVACUATION PLAN

1. Raise the alarm by operating the nearest fire alarm break glass unit.
2. Staff on duty to check fire panel to identify the location of the fire and communicate the situation to staff
3. The nurse in charge should contact the fire brigade by dialling 999. Please pass on all information clearly and specify nursing home status.
4. Once the location of the fire has been identified, the nurse in charge will co-ordinate the evacuation from the compartments nearest the fire and guide the residents. Residents and visitors should be evacuated to the next available compartment and carry on this procedure until in a safe area. Assembly points are located on the left and right of the main building and opposite the front entrance should external evacuation become necessary.
5. Safety at all times must be maintained. No running and residents who walk will be given priority.
6. Fire register, floor plans, list of residents, staff and visitors book to be given to fire services on arrival.
7. REMEMBER. Do leave the building by the nearest exit. Do not stop to collect any personal items. Report to nurse in charge at assembly points/compartments. Follow all instructions and do not re-enter premises.

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DISCONTINUATION OF WATER SUPPLY

- In the event of a water outage the person in Charge must ensure that there will be adequate water supply on hand to supply residents with water for personal and hygienic needs.
- If water supply is suddenly disrupted for any reason, the following steps will be taken by staff on duty during the time of the discontinuation of water supply.
 - Notify the Maintenance personnel (Ciaran Rees 086 876 1722), Kitchen Personnel.
 - Ciaran will contact Local County Council to determine the cause for water disruption and the probable length of shutdown.
 - Catering department will give out juices and other fluids that are on hand for consumption by residents.
 - If necessary, water will be brought in and dispensed as needed. This will be initiated through local council.
 - If it becomes apparent that a water shortage will last for an undetermined length of time, the Assistant Manager will order emergency measures taken to ensure proper care for ill residents and for those whose treatment has been disrupted by lack of water supply.
 - Arrangements may need to be made to transfer those residents to hospitals or other long-term care facilities for care.

LOSS OF TELEPHONE SERVICE

- In the event that there is a telephone outage, or other circumstances in which the facility is out of telephone service, it is important that staff know how to respond in such a situation. The facility's operation depends on the use of telephone a great deal.
- It is important that the nursing personnel are able to communicate with GPs and hospitals regarding resident care. It is also important that we be able to make emergency contacts if need be. The following procedures should provide clear guidelines for staff to follow if this situation occurs.
- In the event that telephone service is lost due to outside causes, the telephone provider must be notified immediately.
- The person in Charge and the Nurse in Charge should in possession of a mobile phone at all times.

POWER OUTAGE

- It is the policy of this facility to provide auxiliary power to designated areas within the facility to operate life-support equipment should our normal power supply fail.

NURSING HOME INFORMATION

- The facility has an emergency generator that should be automatically activated in the event of a power outage. The generator is activated weekly as part of the Maintenance Programme.
- Procedure: In the event of a power outage, when the generator does not immediately activate the following steps should be followed:
 - Gather all flashlights and other needed supplies. Check on all residents to ensure their safety. Calm any residents experiencing distress.
 - Inform the power supplier ESB (lo-call) 18 50 37 29 99.

HEAT OUTAGE

- Contact Ciaran Rees (maintenance) on 086 876 1722
- Ciaran will determine whether to contact the mechanical contractor.
- Should outage be predicted to be of a prolonged basis, provision must be made for portable heaters if weather conditions dictate.

CONTRACT FOR THE PROVISION OF SERVICES

The registered provider shall agree in writing with each resident, on the *admission* of that resident to Skibbereen Residential Care Centre the terms on which that resident shall reside in that centre. *(SI 415 24(1) 2013)* (Sometimes called the Contract for Care).

The Contract will include details of—

(a) the services to be provided, whether under the Nursing Homes Support Scheme or otherwise, to the resident concerned.

(b) the fees, if any, to be charged for such services.

(c) where appropriate, the arrangements for the application for or receipt of financial support under the Nursing Homes Support Scheme, including the arrangements for the payment or refund of monies, or

(d) any other service of which the resident may choose to avail but which is not included in the Nursing Homes Support Scheme or to which the resident is not entitled under any other health entitlement. *(SI 415 24(2) 2013)*.