

NURSING HOME INFORMATION



Residents Guide

NURSING HOME INFORMATION
Resident Guide – Reviewed 29/11/2023.

REGISTRATION DETAILS

1. The information set out in the Certificate of Registration

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

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

The Registered Provider is: Skibbreen Residential Care Ltd., % Skibbreen Residential Care Centre, Baltimore Road, Skibbreen, Co. Cork.

It was opened in January 2005, the Home is owned by Skibbreen Residential Care Ltd.

The Person in Charge is Dennis Joseph RGN, Post Cert BSc Nursing, PGCert Gerontological Nursing, Director of Nursing. % Skibbreen Residential Care Centre, Baltimore Road Skibbreen, Co. Cork. Should the PiC be absent for longer than 28 days, Smitha Prasad Kaithakkattil, Assistant Director of Nursing will assume clinical management duties. Also included in the management team is Wendy Robinson, Operations Manager and Smitha Prasad Kaithakkattil ADON, Aju Mathew & Priya Joseph Clinical Nurse Managers.

Current HIQA Registration, No. REG-0035964 expires 28/07/2025. Conditions as set by the Chief inspector are:

Conditions of Registration

Condition 1. Subject to any prohibitions or restrictions contained in any other condition(s), the designated centre shall be operated at all times in accordance with the Statement of Purpose within the footprint of the designated centre on the floor plan dated 14/04/2022. The registered provider shall only provide for the specific care and support needs, and services, within the facilities as set out in the Statement of Purpose, as agreed with the Chief Inspector at the time of Registration. Any changes to the specific care and support needs and services provided must be agreed in advance with the Chief Inspector.

Condition 2. Only persons ages 18 years or older shall be accommodated at the designated centre at any time.

Condition 3. The Maximum number of persons that may be accommodated at the designated centre is 51.

The Home has 51 beds, 8 twin en-suite rooms (rooms 14 - 17 & 29 - 32) and 35 single en-suite rooms (rooms 1- 12A, 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 lifestyle 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 if 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
- Telephone in each bedroom
- Weekly entertainment program
- In house physiotherapist
- Laundry (except items that require dry cleaning)

The physical facilities of the premises.

- Physiotherapy Room
- Internal atrium gardens
- Library
- Television Room/Cosy Cottage
- Spacious Lounge
- Hairdresser/Spa Room
- 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 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

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- Making the Resident feel special
- Clothes carefully laundered and returned intact, pressed and folded. (Except dry cleaning)
- 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 with raised beds and ample seating.
- 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

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- Admissions

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.

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

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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.

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.

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.

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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.

Residents who have medical cards are entitled to services free of charge under the GMS Scheme. For those residents access to Physiotherapy, Speech & Language, Dietician and National Screening. For residents who qualify through Screening Programme they will be encouraged to attend these screenings if they wish.

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 admitting nurse 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
- Tinetti Assessment Tool
- FRAT
- Manual Handling
- MMSE
- 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 of the rooms in the designated centre including their size and primary function:

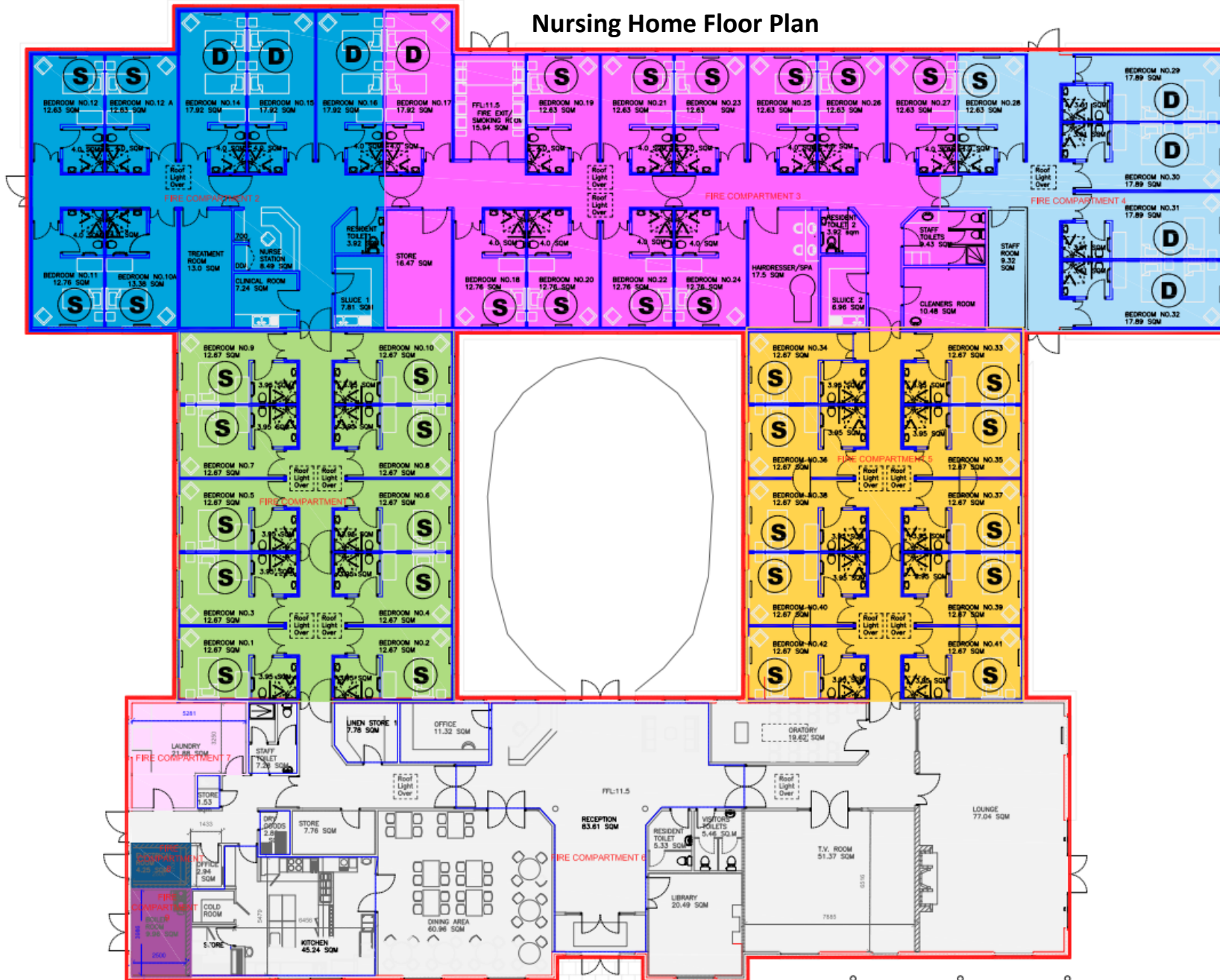
Bedrooms (Clockwise from Entrance, Rooms 1 to 42)			
Room No	Area Metre ²	En-suite	Area Metre ²
1 – Single	12.67 m ²	1 handbasin, 1 toilet, 1 shower	3.95 m ²
2 – Single	12.67 m ²	1 handbasin, 1 toilet, 1 shower	3.95 m ²
3 – Single	12.67 m ²	1 handbasin, 1 toilet, 1 shower	3.95 m ²
4 – Single	12.67 m ²	1 handbasin, 1 toilet, 1 shower	3.95 m ²
5 – Single	12.67 m ²	1 handbasin, 1 toilet, 1 shower	3.95 m ²
6 – Single	12.67 m ²	1 handbasin, 1 toilet, 1 shower	3.95 m ²
7 – Single	12.67 m ²	1 handbasin, 1 toilet, 1 shower	3.95 m ²
8 – Single	12.67 m ²	1 handbasin, 1 toilet, 1 shower	3.95 m ²
9 – Single	12.67 m ²	1 handbasin, 1 toilet, 1 shower	3.95 m ²
10 – Single	12.67 m ²	1 handbasin, 1 toilet, 1 shower	3.95 m ²
10A – Single	13.38 m ²	1 handbasin, 1 toilet, 1 shower	4.0 m ²
11 – Single	12.76 m ²	1 handbasin, 1 toilet, 1 shower	4.0 m ²
12 – Single	12.63 m ²	1 handbasin, 1 toilet, 1 shower	4.0 m ²
12A - Single	12.63 m ²	1 handbasin, 1 toilet, 1 shower	4.0 m ²
14 – Double (two beds)	17.92 m ²	1 handbasin, 1 toilet, 1 shower	4.0 m ²
15 – Double (two beds)	17.92 m ²	1 handbasin, 1 toilet, 1 shower	4.0 m ²
16 – Double (two beds)	17.92 m ²	1 handbasin, 1 toilet, 1 shower	4.0 m ²
17 – Double (two beds)	17.92 m ²	1 handbasin, 1 toilet, 1 shower	4.0 m ²
18 – Single	12.76 m ²	1 handbasin, 1 toilet, 1 shower	4.0 m ²
19 – Single	12.63 m ²	1 handbasin, 1 toilet, 1 shower	4.0 m ²
20 – Single	12.76 m ²	1 handbasin, 1 toilet, 1 shower	4.0 m ²
21 – Single	12.63 m ²	1 handbasin, 1 toilet, 1 shower	4.0 m ²
22 – Single	12.76 m ²	1 handbasin, 1 toilet, 1 shower	4.0 m ²
23 – Single	12.63 m ²	1 handbasin, 1 toilet, 1 shower	4.0 m ²
24 – Single	12.76 m ²	1 handbasin, 1 toilet, 1 shower	4.0 m ²
25 – Single	12.63 m ²	1 handbasin, 1 toilet, 1 shower	4.0 m ²
26 – Single	12.63 m ²	1 handbasin, 1 toilet, 1 shower	4.0 m ²
27 – Single	12.63 m ²	1 handbasin, 1 toilet, 1 shower	4.0 m ²
28 – Single	12.63 m ²	1 handbasin, 1 toilet, 1 shower	4.0 m ²
29 – Double (two beds)	17.89 m ²	1 handbasin, 1 toilet, 1 shower	3.61 m ²
30 – Double (two beds)	17.89 m ²	1 handbasin, 1 toilet, 1 shower	3.61 m ²
31 – Double (two beds)	17.89 m ²	1 handbasin, 1 toilet, 1 shower	3.61 m ²
32 – Double (two beds)	17.89 m ²	1 handbasin, 1 toilet, 1 shower	3.61 m ²
33 – Single	12.67 m ²	1 handbasin, 1 toilet, 1 shower	3.95 m ²
34 – Single	12.67 m ²	1 handbasin, 1 toilet, 1 shower	3.95 m ²
35 – Single	12.67 m ²	1 handbasin, 1 toilet, 1 shower	3.95 m ²
36 – Single	12.67 m ²	1 handbasin, 1 toilet, 1 shower	3.95 m ²
37 – Single	12.67 m ²	1 handbasin, 1 toilet, 1 shower	3.95 m ²
38 – Single	12.67 m ²	1 handbasin, 1 toilet, 1 shower	3.95 m ²
39 – Single	12.67 m ²	1 handbasin, 1 toilet, 1 shower	3.95 m ²
40 – Single	12.67 m ²	1 handbasin, 1 toilet, 1 shower	3.95 m ²

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41 – Single	12.67 m ²	1 handbasin, 1 toilet, 1 shower	3.95 m ²
42 – Single	12.67 m ²	1 handbasin, 1 toilet, 1 shower	3.95 m ²
Other Rooms (Clockwise from Entrance)			Area Metre²
Reception			83.61 m ²
Office			11.32 m ²
Dining Room			60.96 m ²
Storeroom (opposite Linen Room 1)			7.76 m ²
Linen Room 1			7.78 m ²
Kitchen Dry Store			2.80 m ²
Kitchen			45.24 m ²
Kitchen Office			2.94 m ²
Kitchen Store (1 Sluice Sink)			1.53 m ²
Kitchen Staff Toilet (1 toilet, 1 handbasin, 1 shower)			7.28 m ²
Laundry (1 handbasin)			21.88 m ²
Electrical Room			4.25 m ²
Boiler Room			9.96 m ²
Clinical Room (1 handbasin)			7.24 m ²
Sluice Room 1 (opposite clinical room) (1 Sink, 1 sluice sink, 1 Sluice machine)			7.81 m ²
Nurses Station			8.49 m ²
Treatment Room			13.0 m ²
Resident Toilet 1 (1 x toilet, 1 handbasin) (Opposite Room 16)			3.92 m ²
Storeroom (Opposite Bedroom 17)			16.47 m ²
Fire Exit/Smoking Room			15.94 m ²
Hairdresser/Spa (1x bath, 2 x handbasins)			17.5 m ²
Resident Toilet 2 (1 x Toilet, 1 handbasin) (Opposite Room 26)			3.92 m ²
Staff Cloak Room			9.32 m ²
Staff Toilets (2 x toilets 1 x handbasin, 1 shower)			9.43 m ²
Cleaners Room (one sluice sink, one handbasin)			10.48 m ²
Sluice Room 2 (Opposite cleaners' room) (1 sink, 1 sluice sink, 1 sluice machine)			6.96 m ²
Oratory			19.62 m ²
Lounge			77.04 m ²
Television Room			51.37 m ²
Visitor Toilet (2 x toilets, 1 x handbasin) (Reception)			5.46 m ²
Resident Toilet (1 x toilet, 1 handbasin) (Reception)			5.33 m ²
Library			20.49 m ²

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Nursing Home Floor Plan



Ground Floor Plan
Scale 1:100

S SINGLE ROOM

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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

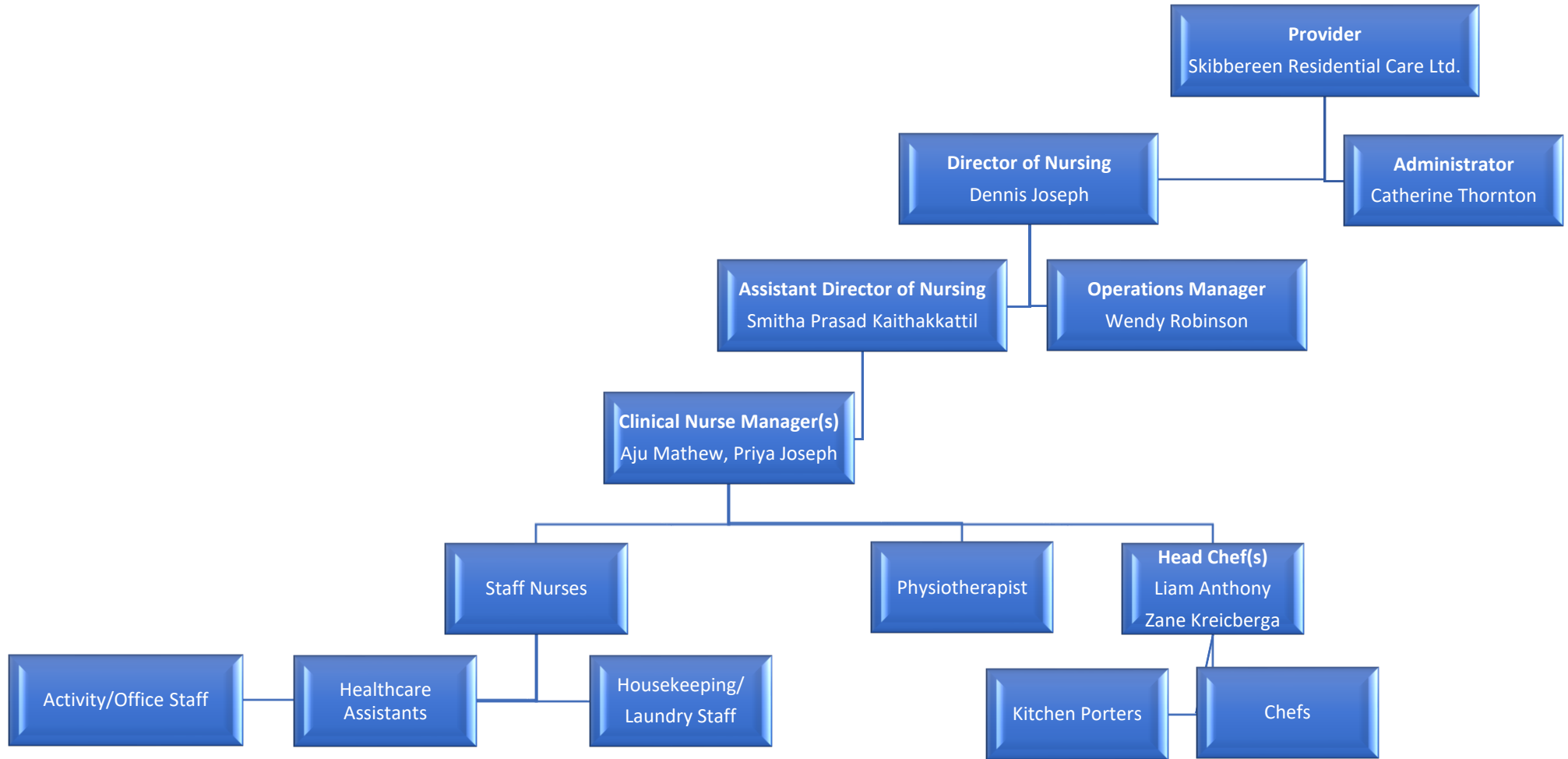
Current staffing arrangements are as follows: Position	No. Employed	No. of whole-time equivalents (based on a 36 hr WTE week)
Management	5	4.7
Nursing Staff	11	9.33
Healthcare Assistants	31	21.58
Kitchen Staff	7	5.25
Cleaning/Laundry Staff	8	5.25
Caretaker	1	1
Physiotherapist	1	.3
Activities	2	1
Totals	66	48.41

The Person in Charge is Dennis Joseph RGN, Post Cert BSc Nursing, PGCert Gerontological Nursing, Director of Nursing. % Skibbereen Residential Care Centre, Baltimore Road Skibbereen, Co. Cork

Also included in the management team are Smitha Prasad Kaithakkattil ADON, Aju Mathew & Priya 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:

Dennis Joseph, 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 Smitha Prasad Kaithakkattil ADON or Aju Mathew, Priya Joseph CNM(s) are arranged for the clinical management 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:

Skibbereen Residential Care Centre does currently employ the services as mentioned above.

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.

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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.

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.

- | | |
|--|--|
|  Library |  Concerts |
|  Organising specialist events |  Bingo |
|  Music and movement sessions |  Card games |
|  Dancing |  Music evenings |
|  Sing-along |  Readings |
|  Mass/Service |  Art |
|  Quizzes |  Gardening |

Outings such as:

- | | |
|--|---|
|  To shop |  For walks |
|  To dine |  For afternoon tea |
|  To seaside |  Local events |

Events such as:

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

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

Resident meetings are held quarterly by the activity staff and a response is prepared by the person in charge and activity manager. 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 fortnightly with Holy Communion Offered. C.O.I. representatives call as required.

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 (synopsis of policy):

Skibbereen Residential Care Centre Complaints Procedure

Skibbereen Residential Care Centre is committed to dealing effectively with any complaints you may have about the service. We also aim to learn from our mistakes and use the information we gain to improve our services. Our complaints policy is a vital cornerstone of our ethos. Any comments will be an opportunity to continuously enhance the quality of the services we provide and to improve on any aspect of our service that does not meet standards or expectations.

The Health Act 2007 as of March 2023 requires that the registered provider shall ensure that the complaints procedure provides for the following:

a) the nomination of a complaints officer to investigate complaints.

The nominated complaints officer for Skibbereen Residential Care Centre is Dennis Joseph, Director of Nursing.

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b) that complaints are investigated and concluded, as soon as possible and in any case no later than 30 working days after the receipt of the complaint.

1. Where a formal investigation is being carried out, try to complete the investigation within 30 working days of the complaint being acknowledged.
2. Where it is not possible to carry out the investigation within 30 working days, the complainant must be informed and given an indication of the timeframe required (aim for no longer than 6 months).
3. The complainant should be provided with an update every 20 working days. Where further information is required to conduct the investigation, the complainant should be contacted and asked to respond within 10 working days if this is feasible.

c) the provision of a written response informing the complainant whether or not their complaint has been upheld, the reasons for that decision, any improvements recommended and details of the review process.

A response letter will inform the complainant whether or not their complaint has been upheld, the reasons for that decision, any improvements recommended and details of the review process. The response letter will indicate that the complaint will automatically close after 30 days unless a reply is received from the complainant expressing dissatisfaction with the outcome.

d) the nomination of a review officer to review, at the request of a complainant, the decision referred to at paragraph (c);

The nominated review officer for Skibbereen Residential Care Centre is Dhanya Ragin.

e) that a review is conducted and concluded, as soon as possible and no later than 20 working days after the receipt of the request for review.

The review will be conducted and concluded, as soon as possible and no later than 20 working days after the receipt of the request for review; In the event that the timelines set out cannot be complied a written response will be given with and the reason for any delay in complying with the applicable timeline.

f) the provision of a written response informing the complainant of the outcome of the review.

The Review Officer shall decide in writing in relation to the review affirming, varying or setting aside the finding or recommendation concerned and shall communicate the determination (including the reasons) to the complainant and the Registered Provider (if appropriate).

g) the provision of a written response informing the complainant when the complainant will receive a written response in accordance with paragraph (b) or (e), as appropriate, in the event that the timelines set out in those paragraphs cannot be complied with and the reason for any delay in complying with the applicable timeline; and

In the event that the timelines set out cannot be complied with a written response will be given with and the reason for any delay in complying with the applicable timeline.

h) that the persons nominated under paragraph (a) and (d) should not be involved in the subject matter of the complaint, and as far as is practicable, shall not be involved in the direct care of the resident.

The nominated complaints officer and the nominated review officer are not involved in the direct care of the residents. Should your complaint involve the complaints officer or complaints review officer we will refer your complaint to an external complaints review.

The Registered Provider may, where appropriate assist a person making or seeking to make a complaint, subject to his or her agreement, to identify another person or independent advocacy service who could assist with the making of the complaint.

Ombudsman

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If you have complained to us and you are 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. The Ombudsman's cannot investigate a complaint if it is made more than 12 months after you initially complained of the action or you became aware of that action, unless there are very special circumstances. While the Office of the Ombudsman can examine complaints about private nursing homes it is unable to investigate claims relating to private health services.

Office of the Ombudsman, 6 Earlsfort Terrace, Dublin 2, D02 W773 Telephone (01) 6395600

Website: www.ombudsman.ie

Other Agencies involved in Complaints Management

You can also notify the Health Information Quality Authority (HIQA) of a concern. While HIQA does not have the power to investigate individual complaints, they can evaluate whether the information indicates non-compliance with the HIQA Standards and Health Act Regulations. www.healthcomplaints.ie provides information on how to make a complaint or give feedback about health and social care services in Ireland. It also includes information on how to raise concerns with HIQA or the Mental Health Commission and details of advocacy services that will help you make a complaint.

All requests for a HSE review should be forwarded to:

- Complaints Manager, HSE Oak House, Millennium Park, Naas, Co Kildare. Telephone (045) 880400. www.hse.ie
- HSE National Information Line 1850 24 1850 (8am to 8pm Monday-Saturday) Health Complaints, Office of the Ombudsman www.healthcomplaints.ie

Health Information Quality Authority (HIQA):

- Phone: (021) 2409646;
- email: concerns@hiqa.ie ; or
- Post information to: Concerns about Services, Health Information and Quality Authority, George's Court, George's Lane, Smithfield, Dublin 7, Ireland.

What if you need our help?

We will aim to help you make your complaint known to us. If you need extra assistance, we can contact services such as the Patient Advocacy Service (PAS) or SAGE advocacy service who can support you through the complaints process. PAS are professional, experienced, and bound by code of practice. They offer free, independent, and confidential complaint advocacy service to the residents in Private Nursing Homes.

PAS can be contacted by email info@patientadvocacyservice.ie or by calling the national line 0818 293003. You can also make your query online at www.patientadvocacyservice.ie

Who to contact?

The following are the contact details should you require further information or assistance:

- **Person in Charge/ /Complaints Officer:** Dennis Joseph, 028 23617, dennisjoseph@skibbcare.com
- **Nominated Person to oversee Management of Complaints:** Dennis Joseph.
- **Review Officer:** Dhanya Ragin, Telephone: 026 41280, Email: cahereencc@gmail.com

(A full copy of Skibbereen Residential Care Centre's Complaints Management Policy is available on request from Reception and on the website).

NURSING HOME INFORMATION

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.

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 (Shane Hurley 086 375 1438), Kitchen Personnel.
 - Shane 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.

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- If it becomes apparent that a water shortage will last for an undetermined length of time, Shane 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.
- 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 Shane Hurley (maintenance) on 086 375 1438
- Shane 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.

NURSING HOME INFORMATION

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)*.