



# Report of an inspection of a Designated Centre for Older People.

## Issued by the Chief Inspector

Name of designated centre:	Haven Bay Care Centre
Name of provider:	Haven Bay Care Centre Limited
Address of centre:	Ballinacubby, Kinsale, Cork
Type of inspection:	Unannounced
Date of inspection:	01 May 2024
Centre ID:	OSV-0000235
Fieldwork ID:	MON-0042764

## About the designated centre

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

Haven Bay Care centre is a purpose built centre on the outskirts of Kinsale town close to all local amenities. It is built over three levels and provides residential accommodation for 127 residents. The centre currently provides accommodation for residents on the three floors with lift and stair access between floors. Spread across the three floors there are 111 single bedrooms and eight twin bedrooms with en suites bathrooms in all rooms. Communal accommodation included numerous day and dining rooms, a hairdressing room, a therapy room and quiet rooms. Residents had access to a number of gardens inclusive of walkways, water features, raised gardens and seating/tables. The garden area in the lower ground floor opened off the secure unit and provided a sensory garden with raised flower beds, a safe walkway with hand rails and garden furniture. The centre provides care to residents with varying needs, ranging from low dependency to maximum dependency requirements. Staff provide care for residents who require general care, including residents with dementia, physical disabilities, chronic physical illness, psychiatric illness, frail older people and palliative care. The centre provides 24-hour nursing care with a minimum of five nurses on duty at all times. The nurses are supported by care, catering, household and activity staff. Medical and allied healthcare professionals provide ongoing healthcare for residents

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	118
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Wednesday 1 May 2024	08:45hrs to 17:35hrs	Siobhan Bourke	Lead
Wednesday 1 May 2024	08:45hrs to 17:35hrs	Kathryn Hanly	Support

## What residents told us and what inspectors observed

This was an unannounced inspection which took place over one day by two inspectors. Based on the observations of the inspectors and discussions with residents, Haven Bay Care Centre was a nice place to live, where residents were supported to have a good quality of life and had many opportunities for social engagement and meaningful activities. The inspectors met with the majority of the 118 residents living in the centre, and spoke with 11 residents in more detail to gain a view of their experiences in the centre. Inspectors observed that staff were familiar with residents' needs and preferences and that staff greeted residents by name. Residents spoke of exercising choice and control over their day and being satisfied with activities available. Residents told inspectors that they they were cared for by excellent, kind staff who always respected their opinions and choices.

Haven Bay Care Centre is a three-storey, purpose built centre, on the outskirts of Kinsale town, that is registered as a designated centre for older persons and can accommodate 127 residents. The centre provides long term care and respite care for both male and female adults with a range of dependencies and needs. The centre also has a secure unit with 25 beds that provides support and care to residents with advanced dementia.

Residents accommodation is over three floors and mainly comprises single room accommodation with 111 single bedrooms and eight spacious twin rooms, all bedrooms had ensuite toilet, shower and handwash basin facilities. Inspectors saw that shared accommodation had adequate privacy curtains and were spacious, with plenty storage space for residents' belongings. Renovations to change two shared twin rooms to four single rooms was underway on the day of inspection. The inspectors saw that these areas were well sealed off to residents and there was no dust or disruption evident on the day. The inspectors saw that bedrooms throughout the centre were suitably decorated and well maintained. Bedrooms were personalised with residents' family photographs and personal possessions and in some rooms, furniture from residents' own homes. Residents who spoke with inspectors confirmed that their rooms were cleaned every day and that they were kept "spotless."

The main entrance to the centre was staffed with a receptionist, who greeted and directed visitors and residents as they passed. It was evident they were well known to residents, staff and visitors as many were seen to stop for a chat during the day. The reception area had a sitting room, where visitors could meet residents and in the afternoon, the inspectors saw a group of resident pray the rosary together in the room.

The centre had numerous communal areas and day rooms across each floor. There were two large lifts in the centre for both resident and staff use as well as secured stairways. The ground floor had a large welcoming dining room with an adjacent day room, this room was a hive of activity during the day. A large smart TV was in

one end of the dining room and residents could watch sports, without disturbing residents partaking in activities in the dayroom. The first floor also had a number of large communal spaces with three separate lounges and a bright reception area with a fish tank and seating for residents to sit with visitors or staff. Similarly the Armada suite on the lower floor had plenty communal spaces including Ringcurran lounge and rest areas for residents. Finishes, materials, and fittings in the communal areas and resident bedrooms struck a balance between being homely and being accessible, whilst taking infection prevention and control into consideration.

Ancillary facilities also supported effective infection prevention and control. For example, staff had access to dedicated housekeeping rooms on each floor for the storage and preparation of cleaning trolleys and equipment. Cleaning carts were equipped with a locked compartment for storage of chemicals.

The centre provided a laundry service for residents. Residents whom inspectors spoke with on the day of inspection were happy with the laundry service and there were no reports of items of clothing missing. The infrastructure of the on-site laundry supported the functional separation of the clean and dirty phases of the laundering process.

Each unit also had a sluice room for the reprocessing of bedpans, urinals and commodes and a treatment room on each floor for the storage and preparation of medications, clean and sterile supplies and dressing trolleys. These rooms were observed to be clean and tidy. Hand wash sinks were accessible to staff and located on the corridors within close proximity of resident bedrooms, in the treatment rooms and sluice rooms so that they were convenient for use. However, these hand washing did not comply with the recommended specification for clinical hand wash sinks. Alcohol hand gel dispensers were in place to ensure alcohol hand gel was available at point of care. Bottles of alcohol hand rub in the Armada Suite were topped up. Dispensers should be of a disposable single-cartridge design to prevent contamination.

There was good access to secure outdoor spaces from all floors and the inspectors saw residents sitting out in these gardens with staff or visitors during the intermittent sunshine on the day. The inspectors saw that the gardens were inclusive of walkways, water features, raised plant and flower beds and plenty outdoor seating and tables. The enclosed external gardens and courtyards were well-maintained with level paving and comfortable seating. The Kinsale Garden which replicated the shop fronts in the town of Kinsale, was accessible from the ground floor. A roof top garden was accessible from the first floor, and two outdoor gardens could be accessed from the Armada.

The main kitchen on the ground floor was clean and of adequate size to cater for resident's needs. Residents were complimentary of the food choices and homemade meals made on site by the kitchen staff. The inspectors observed the lunch time experience in one of the units, and saw that residents were offered a choice at mealtimes and modified diets were seen to be well presented and appetising. The dining experience was observed to be a sociable dining experience with residents sitting together and staff played gentle music during the meal. Residents who

required assistance, were provided with it, in a respectful and unhurried manner. There were regular offerings of drinks and snacks throughout the day.

Residents confirmed that they could choose to socialise and participate in activities and there was a varied and flexible activities schedule over seven days of the week. On the day of the inspection, there were three staff members providing a social programme for residents. Residents were watching mass in the morning and then a review of the news and papers and chats. While visiting the secure unit in the morning, the inspectors heard a resident sing a beautiful opera song, which other residents appeared to enjoy. A musician attend the unit later in the morning and a sing a long was enjoyed by residents. The musician then attended the first floor, where again residents joined in with the music. A group of residents attended one of the communal rooms to pray the rosary together in the afternoon, while another group of residents enjoyed a word power game. Other activities available included arts and crafts, quizzes, a weekly exercise class led by the physiotherapist, bowling, parachute and ball games and yoga.

Residents were consulted with regarding the running of the centre through regular residents' meetings and surveys on each floor. From a review of minutes of these meetings, it was evident that issues such as food, laundry services and activities were discussed. Action was taken to address any issues or requests from residents from these meetings. For example, one of the televisions in one of the communal rooms had been relocated to another part of the room and extra channels added following residents' requests. Small group outings to local restaurants or amenities were also facilitated. Residents were encouraged to go on outings with their families during the day and at weekends.

Residents were seen to be moving freely and unrestricted throughout the centre on the day of inspection and staff were observed to take time to chat with residents or assist them with a walk. All interactions observed on the day of inspection were person-centred and courteous. Staff were responsive and attentive without any delays with attending to residents' requests and needs. Staff were observed to knock on residents' bedroom doors before entering. Inspectors observed that staff were familiar with residents' needs and preferences and that staff greeted residents by name. There was a high level of residents who were living with a diagnosis of dementia or cognitive impairment who were unable to express their opinions on the quality of life in the centre. However, those residents who could not communicate their needs appeared to be relaxed and enjoyed being in the company of staff.

The next two sections of the report will present the findings of this inspection in relation to the governance and management arrangements in place, and how these arrangements impact on the quality and safety of the service being delivered.

## Capacity and capability

This was an unannounced inspection by two inspectors of social services, to monitor

compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). This inspection also had a specific focus on the provider's compliance with infection prevention and control. Overall, this was a well-managed centre with a clear commitment to providing good standards of care and support for the residents. The inspectors found that the governance and management arrangements, required by regulation to ensure that the service provided was resourced, consistent, and safe for residents, were clearly set out. Action was required to be fully compliant for Regulations; 23 governance and management, Regulation 27; infection control and Regulation 5; individual assessment and care planning. Findings will be discussed in more detail under the respective regulations.

Haven Bay Care Centre Limited is the registered provider for Haven Bay Care Centre. The registered provider company has three directors one of whom is actively involved in the management of the centre and is the nominated person representing the provider. There was a clearly defined management structure in place. The centre employed a full time operations manager. The Director of Care was the person in charge and was supported in their role by an Assistant Director of Nursing (ADON), clinical nurse managers and a team of nursing staff, activity co-ordinators, administration, care staff, housekeeping, catering and maintenance staff. There was also a full time housekeeping supervisor.

Staffing and skill mix on the day of inspection appeared to be appropriate to meet the care needs of the 118 residents living in the centre. Staff who spoke with inspectors had a good awareness of their defined roles and responsibilities. There was appropriate supervision of staff working in the centre. Clinical nurse managers worked opposite each other at weekends and a senior nurse was rostered at night to ensure support and staff supervision in the centre. The person in charge informed inspectors that they were trialling rostering an extra senior nurse from 2-10 pm in the evening to support nursing and care staff during the evening and early night and it was reported as working well.

There were also sufficient numbers of housekeeping staff assigned to each unit to meet the needs of the centre on the day of the inspection. These staff members were found to be knowledgeable in cleaning practices and processes within the centre.

There was an ongoing schedule of training in place to ensure all staff had relevant and up-to-date training to enable them to perform their respective roles. Staff had completed mandatory training including safeguarding, fire training, dementia awareness and infection prevention and control. The provider had nominated a nurse manager to the role of infection prevention and control lead, who demonstrated a commitment and enthusiasm for their role. The provider had also nominated three staff members to the roles of infection prevention and control link practitioners to support staff to implement effective infection prevention and control and antimicrobial stewardship practices within the centre.

Each resident had a written contract of care that outlined the services provided and



fees to be charged and included the room number where the resident was living.

The provider ensured there was a structured effective communication system in place between staff and management that included daily handover meetings, clinical governance meetings, safety pause meetings and health and safety meetings.

There was a system in place for the multidisciplinary review of falls for residents to identify causes and trends and reduce the risk of recurrence. Each floor held regular risk management meeting where incidents such as falls, episodes of responsive behaviours were reviewed and any areas for improvement identified. Oversight of residents with weight loss was monitored and reviewed at nutrition meetings on each floor. There was evidence of quality improvement plans in place in the centre. For example, following a review of the incidence of pressure ulcers in the centre, the management team completed an analysis of the effectiveness of the assessment tool in use to detect residents at risk. Following this analysis, the team had recently implemented an alternative validated assessment tool and were monitoring its effectiveness at the time of inspection. The provider had a number of assurance processes in place in relation to the standard of environmental hygiene. These included cleaning specifications and checklists and disposable cloths to reduce the chance of cross infection. Cleaning records viewed confirmed that all areas were cleaned each day.

A vaccination programme was available to staff and residents to mitigate the burden of influenza and COVID-19 in the centre. However, rates of staff influenza vaccine uptake in 2023 was below the national uptake target of target of 75%. COVID vaccine uptake records also revealed a marked reduction compared to the previous seasons. In response, strategies to promote uptake were implemented and included education on the benefits of vaccination.

The provider ensured that a schedule of audit was in place and implemented to monitor the quality and safety of care provided to residents that included monitoring of call bell response times, falls, compliance with wound care plan management, care planning and staff files. Regular environmental and equipment audits were undertaken. The high levels of compliance achieved in recent audits were reflected on the day of the inspection. However, all elements of standard infection control precautions were not included in the audit schedule. Details of issues identified are set out under Regulation 23;governance and management.

Staff working in the centre had managed a small number of outbreaks since the last inspection. Line listings were maintained and outbreak meetings were held to oversee the management of the outbreaks. However, formal reviews of the management of these outbreaks had not been completed to assess how effectively the outbreaks were identified, managed and controlled.

Surveillance of healthcare associated infection (HCAI) and multi-drug resistant organism (MDRO) colonisation was routinely undertaken and recorded. However, a review of acute hospital discharge letters and laboratory reports found that staff had failed to identify a small number of residents that were colonised with MDROs including Carbapenemase-Producing Enterobacterales (CPE), Vancomycin-resistant

Enterococci (VRE) and Extended Spectrum Beta-Lactamase (ESBL). Findings in the regard are presented under Regulation 23.

The provider had a comprehensive complaints policy and the complaints procedure was displayed in the centre. This reflected the changes to the legislation of March, 2023. Verbal and written complaints were recorded electronically, investigated and actioned by the management team. Residents who spoke with the inspectors were aware how to make a complaint.

A comprehensive annual review of the quality and safety of care provided to residents in 2023 had been prepared in consultation with residents and was available for review.

#### Registration Regulation 4: Application for registration or renewal of registration

The provider submitted an application for renewal of registration to the office of the Chief Inspector in accordance with the registration regulations. Application fees were paid and the prescribed documentation was submitted.

Judgment: Compliant

#### Regulation 14: Persons in charge

The person in charge was full time in position. They had the necessary experience and qualifications as required in the regulations. They demonstrated good knowledge regarding their role and responsibility and residents' care needs.

Judgment: Compliant

#### Regulation 15: Staffing

Through a review of staffing rosters and the observations of inspectors, it was evident that the registered provider had ensured that the number and skill-mix of staff was appropriate, having regard to the needs of residents and the size and layout of the centre. At the time of inspection, the provider and person in charge was trialling an extra senior nurse from 2-10 pm to support nursing and care staff in the evening time.

Judgment: Compliant

## Regulation 16: Training and staff development

There was an ongoing schedule of training in place to ensure all staff had relevant and up-to-date training to enable them to perform their respective roles. Staff had completed mandatory training including safeguarding, infection control, fire precautions, dementia awareness and managing behaviour that is challenging. New staff in the centre confirmed that they were in the process of completing this training as part of their induction programme.

Judgment: Compliant

## Regulation 19: Directory of residents

A directory of residents was maintained by the provider and it contained the information required, in Schedule 3 of the regulations.

Judgment: Compliant

## Regulation 21: Records

Inspectors found that records were stored securely. Records as set out in Schedules 3 and 4 of the regulations and relevant to the regulations examined on this inspection were well maintained in the centre and were made available for inspection.

Judgment: Compliant

## Regulation 22: Insurance

The registered provider had an up-to-date contract of insurance in place, as required by the regulations.

Judgment: Compliant

## Regulation 23: Governance and management

The registered provider had generally ensured effective governance arrangements were in place to ensure the sustainable delivery of safe and effective infection prevention and control and antimicrobial stewardship but some action was required to be fully compliant. For example;

- Accurate surveillance of MDRO colonisation was not undertaken. There was some ambiguity among staff and management regarding which residents were colonised with MDROs including CPE, ESBL and VRE. As a result accurate information was not recorded in four resident care plans and appropriate infection control and antimicrobial stewardship measures may not have been in place when caring for these residents.
- There were insufficient assurance mechanisms in place to ensure compliance with the National Standards for infection prevention and control in community services. Local infection prevention and control audits did not include all elements of standard infection control precautions such as sharps safety, PPE use, waste and laundry management.
- A review of the management of a recent outbreak to ensure preparedness for future outbreaks had not been completed. This was a lost opportunity for learning.

Judgment: Substantially compliant

### Regulation 24: Contract for the provision of services

An inspector viewed a sample of contracts of care which contained details of the service to be provided and any additional fees to be paid.

Judgment: Compliant

### Regulation 3: Statement of purpose

The statement of purpose submitted for application to renew registration of the centre was updated on the day of inspection to meet the requirements of Schedule 1 of the regulations.

Judgment: Compliant

### Regulation 31: Notification of incidents

The provider recorded incidents and accidents electronically and these were reviewed by an inspector. All required notifications as outlined in Schedule 4 of the regulations had been submitted to the office of the Chief Inspector.

Judgment: Compliant

### Regulation 34: Complaints procedure

There was an effective complaints procedure in place which met the requirements of Regulation 34. A review of a sample of complaints records found that residents' complaints and concerns were managed and responded to in line with the regulatory requirements.

Judgment: Compliant

### Regulation 4: Written policies and procedures

All policies and procedures as outlined in Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 were in place.

Judgment: Compliant

## Quality and safety

Overall, inspectors were assured that residents living in Haven Bay Care Centre enjoyed a good quality of life. There was a rights-based approach to care; both staff and management promoted and respected the rights and choices of residents living in the centre. Residents lived in an unrestricted manner according to their needs and capabilities.

Residents' health and well-being was promoted and residents had timely access to general practitioners (GP) practices, specialist services such as palliative care, tissue viability and in-house physiotherapy as required. Residents also had access to other health and social care professionals such as speech and language therapy, dietitian, occupational therapist. Medical records reviewed included detailed notes of residents' care. Where medical or other health care professionals recommended specific interventions, nursing and care staff implemented these, as evidenced from residents' records.

Resident care plans were accessible on a computer based system. There was evidence that the care plans were reviewed by staff at intervals not exceeding four months. Nurses completed a comprehensive assessment for residents when admitted. Care plans viewed by inspectors were generally person-centred. However, a review of urinary catheter care plans found that sufficient information was not recorded to effectively guide and direct the care of residents with urinary catheters. Further work was also required to ensure that all resident files contained resident's current health-care associated infection status and history. Details of issues identified are set out under Regulation 5; Individual assessment and care plan.

Care plans for residents who experience responsive behaviour were detailed and person centred. The inspectors observed staff engagement with residents was respectful and non restrictive. There was a very low level of restrictive practices in the centre.

The National Transfer Document and Health Profile for Residential Care Facilities was used when residents were transferred to hospital. This document contained details of health-care associated infections and colonisation to support sharing of and access to information within and between services.

The design and layout of the centre was suitable for its stated purpose and met residents' individual and collective needs. Bedrooms were personalised and residents had ample space for their belongings. Overall, the general environment including residents' bedrooms, communal areas and toilets appeared visibly clean and well maintained. The ancillary facilities including sluice rooms and housekeeping rooms also supported effective infection prevention and control. There was sufficient storage for supplies and equipment.

Inspectors identified some examples of good practice in the prevention and control of infection. For example, staff applied standard precautions to protect against exposure to blood and body substances during handling of sharps, waste and used linen. Appropriate use of personal protective equipment (PPE) was also observed during the course of the inspection. The provider had a Legionella management programme in place. Unused outlets were regularly flushed and routine monitoring for Legionella in hot and cold water systems was undertaken.

Prescribers had access to relevant laboratory results required to support timely decision-making for optimal use of antibiotics. A review of residents' files found that clinical samples for culture and sensitivity were sent for laboratory analysis as required. A dedicated specimen fridge was available for the storage of samples awaiting collection. Inspectors identified some examples of antimicrobial stewardship practice. The volume of antibiotic use was also monitored each month. There was a low level of prophylactic antibiotic use within the centre, which is good practice. However, improvements were required to promote the quality of antibiotic use within the centre. Findings in this regard are presented under Regulation 27; Infection Control.

Residents had access to advocacy services and were regularly consulted in relation to the running of the centre. Residents had opportunities to participate in

meaningful coordinated social activities that supported their interests and capabilities. There was a varied programme of activities available for residents that was provided by an activities team and external facilitators.

### Regulation 11: Visits

There were no visiting restrictions in place and visitors were observed coming and going to the centre on the day of inspection. Visitors confirmed that visits were encouraged and facilitated in the centre. Residents were observed meeting visitors in private and in the many communal spaces through out the centre.

Judgment: Compliant

### Regulation 13: End of life

From a review of a sample of residents' records, end of life care assessments and care plans included consultation with residents and where required their relatives. End of life assessments and care plans were person centred.

Judgment: Compliant

### Regulation 17: Premises

The registered provider provided premises which were appropriate to the number and needs of the residents living there. The premises were clean, well maintained and conformed to the matters set out in Schedule 6 Health Act Regulations 2013.

Judgment: Compliant

### Regulation 25: Temporary absence or discharge of residents

The national transfer document was incorporated into the centre document management system. Copies of transfer letters were kept in residents' files.

When residents returned from the hospital, the inspector saw evidence that relevant information was obtained upon the resident's readmission to the centre.

Judgment: Compliant

### Regulation 27: Infection control

The provider generally met the requirements of Regulation 27; infection control and the National Standards for infection prevention and control in community services (2018). However, further action is required to be fully compliant. Specifically, the overall antimicrobial stewardship programme needed to be further developed, strengthened and supported in order to progress. For example, antimicrobial stewardship audits were not undertaken and antimicrobial consumption data was not analysed to inform quality improvement initiatives.

Judgment: Substantially compliant

### Regulation 29: Medicines and pharmaceutical services

Controlled drugs were maintained in line with professional guidelines. An inspector saw that checks of controlled medication were recorded by two nurses at the change of every shift. Medication administration records were examined and of the sample seen, these were comprehensively maintained in line with professional guidelines.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

Overall, the standard of care planning was good and described person centred and evidenced based interventions to meet the assessed needs of residents. However, further action is required to be fully compliant as evidenced by the following;

- With regard to the catheter change regime, the indication for change was not documented in three urinary catheter care plans reviewed.
- Accurate information was not consistently recorded in three care plans, to effectively guide and direct the care residents colonised with MDROs including CPE, VRE and and ESBL.
- Residents had generic infection prevention and control care plans in place when there was no indication for their use. Some of the points in these care plans referenced outdated COVID-19 mask guidance.

Judgment: Substantially compliant



## Regulation 6: Health care

Residents living in the centre had good access to medical care and from a review of records, it was evident that residents were reviewed regularly and when required. A physiotherapist was employed in the centre two days a week and provided both one to one and group sessions for residents. Residents were referred to health and social care professionals such as dietitian, speech and language therapists, tissue viability specialists as required. Community palliative care specialists also attended the centre as required.

Judgment: Compliant

## Regulation 7: Managing behaviour that is challenging

The person in charge ensured that staff had up-to-date knowledge, training and skills to care for residents with responsive behaviours (how residents living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). The provider promoted a restraint-free environment for residents living in the centre and inspectors saw that two of the 118 residents living in the centre were using bedrails. From a review of care plans, residents had person centred detailed care plans in place, to guide staff, where residents experienced behaviour and psychological symptoms of dementia (BPSD).

Judgment: Compliant

## Regulation 9: Residents' rights

The inspectors found that residents' rights to privacy and dignity were respected. Resident told inspectors that they could choose when to get up, how to spend their day and when to rest. Independent advocacy services were available to residents and the contact details for these were on display. There was evidence that residents were consulted with and participated in the organisation of the centre and this was confirmed by residents' meeting minutes, satisfaction surveys, and from speaking with residents on the day. A schedule of activities were available for residents and was displayed on each floor. Residents had access to a variety of meaningful activities for occupation and recreation. Residents were supported to go on days out with their relatives and friends. Residents religious rights were supported. A group of residents prayed the rosary together in the afternoon. Residents right to vote was also supported in the centre.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Haven Bay Care Centre OSV-0000235

Inspection ID: MON-0042764

Date of inspection: 01/05/2024

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

## Section 1

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

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Each residents medical history is being reviewed. The resident's IPC care plan and MDRO register is being updated. This will be completed by 30th June 2024.</p> <p>Audits of standard precautions encompassing sharps safety, PPE use, waste and laundry management etc. have commenced in May 2024.</p> <p>An outbreak review was subsequently completed in May 2024.</p> <p>All sinks will be compliant with recommended specifications before end September 2024</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>Antimicrobial prescribing currently reviewed monthly however antimicrobial stewardship programme to be further developed. Data currently collected at KPI meetings to be analysed quarterly commencing July 2024.</p>	
Regulation 5: Individual assessment and care plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:  
All care plans for residents with catheters are being reviewed and updated. To be completed by 15th June 2024.

## Section 2:

### Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	30/06/2024
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	31/07/2024
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4	Substantially Compliant	Yellow	15/06/2024

	months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.			
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