



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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:	28 April 2025
Centre ID:	OSV-0000235
Fieldwork ID:	MON-0044749

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 six double bedrooms with ensuite shower and toilet facilities. Four single bedrooms had shared toilet and shower facilities, where two residents' rooms shared one bathroom. 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:	124
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How we inspect

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
Monday 28 April 2025	08:45hrs to 17:50hrs	Siobhan Bourke	Lead
Monday 28 April 2025	08:45hrs to 17:50hrs	Breeda Desmond	Support

What residents told us and what inspectors observed

The inspectors observed, that residents living in Haven Bay Care Centre, received care and support, which ensured that they were safe, and could enjoy a good quality of life. Residents spoke highly of the care they received from staff and staff were observed to provide this care in a respectful and unhurried manner. One resident told an inspector that they "staff were so kind and I couldn't ask for more" while another told an inspector that they got "excellent care" from "lovely staff."

Haven Bay Care Centre is a three-storey, purpose built centre that is registered as a designated centre for older persons and can accommodate 127 residents. Residents' accommodation is over three floors and mainly comprises single room accommodation with 115 single bedrooms and six spacious twin rooms, most bedrooms had an en suite toilet, shower and hand wash basin facilities.

This unannounced inspection took place over one day, by two inspectors of social services. Following an introductory meeting with the person in charge, assistant director of nursing and operations manager, the inspectors spent time walking through the centre, where they had the opportunity to meet with residents and staff and observe the living environment. There were 124 residents living in the centre on the day of inspection. The inspectors met with many of the residents and spoke with 16 in more detail, to gain an insight in to their experience, of living in the centre. The inspectors also met with seven visitors, who all gave positive feedback on the care their relatives received.

The centre was found to be bright and comfortable throughout. The design and layout of the premises was appropriate for the number and the needs of the residents living in the centre. It was evident to inspectors that residents were encouraged to personalise their bedrooms, with items of significance, such as pieces of furniture, ornaments and photographs. Overall, bedrooms were observed to be clean and well maintained; residents confirmed with inspectors that residents' bedrooms were cleaned every day. Some paintwork in a small number of residents' bedroom doors required review, this is discussed further in the report. The inspectors saw that many of the clinical hand wash sinks had been replaced, since the last inspection to meet recommended guidelines.

There were sufficient communal spaces to provide opportunities for rest and relaxation. There was adequate private space available for residents to meet with friends and family members. The majority of the many communal areas in the centre were welcoming, homely and well decorated. The inspectors noted that the Sovereign lounge had old equipment and chairs stored in the room, which did not ensure the space was inviting for residents, to access the outdoor gardens on the first floor. The inspectors saw that residents had access to the outdoor spaces in the centre. Residents and relatives on the ground floor were sitting out enjoying the well maintained outdoor gardens and an outdoor garden summer house. Some of the outdoor gardens in the Armada were well maintained with raised beds and sensory

stimulating plants, while another section required attention as the ground was moss covered.

Visiting was unrestricted in the centre and inspectors saw that many visitors were coming and going on the day of inspection. Visitors and residents could meet in residents' bedrooms, communal areas or in the secure garden areas, where there was plenty seating available.

The inspectors saw that a restraint free environment was promoted in the centre with alternatives to bed rails such as crash mats, low beds and sensor mats in use as alternatives. The inspectors saw that residents had call bells within easy reach and residents confirmed that staff attended to their needs in a timely manner.

The inspectors spent time observing staff and resident interaction in the various areas of the centre throughout the day. Residents were observed to be content, as they went about their daily lives. They were relaxed and familiar with one another and in their environment. The majority of residents were up and about as the day progressed. Many of the residents sat together in the communal day spaces, while other residents chose to relax in the comfort and privacy of their bedrooms. Some residents moved freely around the centre, while other residents were observed sitting, relaxing and observing their surroundings. Those residents who could not communicate their needs appeared comfortable and content. It was evident that residents were supported to exercise choice in their daily routines. Familiar, respectful conversations were overheard between residents and staff, and there was a relaxed, friendly atmosphere in the centre. While staff were seen to be busy attending to residents throughout the day, the inspector observed that care practices were unhurried and respectful. The inspector observed that personal care was attended to in line with residents' wishes and preferences.

During the morning and afternoon, the inspectors saw that residents were offered drinks and snacks such as smoothies and soup or tea during the morning. Many of the residents were enjoying a leisurely breakfast in the dining room on the ground floor in the morning and it was evident their preferences such as fruit, cereals or toast was offered. The inspectors observed the lunch time meal in the centre and saw that food was well presented and residents were offered and aware of the choices available. Picture menus were available to facilitate residents who had a cognitive impairment with their choices. Residents who required assistance were offered this in a respectful and unhurried manner. The dining room tables were nicely decorated and inspectors saw that sauces were served separately to the main meal. In the Armada Suite and Yawl Wing, the inspectors saw that desserts were served with the main meal and some residents ate dessert before their main course. The person in charge agreed to review this on the day of inspection.

The centre had a team of activity staff that facilitated activities in four separate communal areas of the centre. The inspectors saw that the schedule of activities was displayed on notice boards and on leaflets available for residents. Many of the residents told the inspectors that they enjoyed the variety and choice of activities available.

During the day, inspectors saw that residents were facilitated with one-to-one activities, and group activities such as ball games, newspaper readings, bingo and chats. Other activities, such as yoga, exercise sessions, live music and dancing sessions were also provided. The centre was part of music project with University College Cork. Whereby students and residents shared musical interventions together; this project was anticipated to run until June. Residents were supported to maintain close links with the community through both group and one-to-one outings to the local town or schools. The centre had a hair salon, where residents could attend the salon, two days a week. A number of residents told the inspectors that this was a lovely treat for them.

Residents' views on the running of the centre were sought through monthly resident meetings and surveys. Inspectors reviewed the minutes of these meetings and saw that action was taken by the management team in response to feedback raised by residents. For example the chef was invited to meetings to engage with residents regarding the menu choices and a change in the delivery system in place for returning laundry to residents was implemented. Relatives and residents were also surveyed to seek feedback on the service and any recommendations were implemented by the management team.

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 carried out over one day, by two inspectors of social services to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older people) Regulations 2013. The inspectors found that the governance and management arrangements, required by regulation to ensure that the service provided was resourced, consistent, effectively monitored and safe for residents, were clearly set out. On this inspection, some improvements were required in relation to Regulation 17; Premises and Regulation 5; Care planning.

The registered provider for the centre is Haven Bay Care Centre Limited. The registered provider company has three directors, one of whom is actively involved in the operational management of the centre. The provider had a clearly defined management structure in place comprising a full time operations manager, full time person in charge, assistant director of nursing, clinical nurse managers and a housekeeping supervisor. The registered provider ensured that there was an appropriate number and skill mix of staff available to meet the assessed needs of the 124 residents living in the centre. Staff who spoke with inspectors were knowledgeable regarding their roles and responsibilities and were aware of their

reporting structures. The inspectors saw that staff were appropriately supervised in their roles by the management team.

The provider ensured that staff were provided with training appropriate to their roles. From a review of the training matrix and from speaking with staff it was evident that staff were up-to date with mandatory training. A number of staff had completed an education programme on supporting care at end of life in nursing homes, and further training was planned specifically in this area for nursing staff. The person in charge had recently completed an educational programme on infection prevention and control and the assistant director of nursing had completed a management course.

There were systems in place to ensure oversight of the quality and safety of care provided to residents through regular audits and monitoring of key performance indicators such as falls, infections, wounds and weight loss. Actions from the previous inspection had been implemented and surveillance of MDRO colonisation was evident. Outbreak reports were completed to ensure any learning and preparedness for future outbreaks could be gleaned. From a review of completed audits, it was evident of overall good compliance as reflected on inspection findings. While audits were scored and trended, not all had an action plan implemented; the provider assured inspectors that this would be addressed. Quality initiatives were implemented to drive improvement in the centre. For example, following the training programme for end of life care, bereaved families were surveyed to seek their feedback to ensure end of life care was of a high standard. The provider had also upgraded the Wi-Fi system in the centre and introduced a new maintenance reporting system.

There were regular meetings to ensure good communication systems were in place among the multidisciplinary team. The registered provider held clinical governance meetings and health and safety meetings regularly to monitor and implement any required improvements for the service. Each floor held regular risk management meetings 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.

The inspectors saw that incidents were recorded and monitored in the centre and action taken to reduce recurrence where required. The provider had an effective complaints procedure and from a review of a sample of complaints, where areas for improvement were identified, these were actioned. A review of the quality and safety of care provided to residents in 2024 was prepared and available for inspectors to review on the day of inspection. This review included feedback from residents and a quality improvement plan for 2025.

Regulation 15: Staffing

The inspectors found that the number and skill mix of staff was appropriate, to meet the assessed needs of the 124 residents, given the size and layout of the centre, on the day of inspection.
Judgment: Compliant
Regulation 16: Training and staff development
The inspectors reviewed the training matrix and saw that staff were provided with training appropriate to their role. There was a schedule of training available for staff in safeguarding vulnerable adults, managing responsive behaviour, dementia care, infection control, manual handling and fire safety. The provider supported a number of nursing staff to complete specialist training on aspects of care such as wound management and tissue viability, palliative care and gerontological nursing. A number of staff has also enrolled in a multidisciplinary training programme on managing end of life care.
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 review.
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 centre was well-resourced, ensuring the effective delivery of care in accordance with the statement of purpose. There were effective governance and management

arrangements in place and clear lines of accountability. Management systems in place enabled the service to be consistently and effectively monitored to ensure safe and appropriate services were available for residents. There was an annual review of the quality and safety of care provided to residents in 2024 that included feedback from residents obtained through residents' meetings and surveys.
Judgment: Compliant
Regulation 31: Notification of incidents
Incidents and reports as set out in Schedule 4 of the regulations were notified to the Chief Inspector within the required time frames.
Judgment: Compliant
Regulation 34: Complaints procedure
The registered provider had an accessible and effective procedure in place for dealing with complaints, which included a review process. The required time lines for the investigation into, and review of complaints was specified in the procedure. The procedure was prominently displayed in the centre.
Judgment: Compliant
Quality and safety
<p>The inspectors found that residents were provided with a good standard of health and social care from kind and supportive staff. The inspectors observed that residents' rights and choices were upheld. Action was required to ensure full compliance with the regulations pertinent to Regulation 17; Premises and Regulation 5; Individual assessment and care plan.</p> <p>Residents had good access to medical assessments and treatment by their general practitioners and other health and social care professionals as required. From a review of records, it was evident that recommendations made by health and social care professionals such as dietitians and speech and language therapists was implemented by staff. It was evident to inspectors that residents were provided with a good standard of nursing care and there was appropriate oversight of residents' clinical care by the person in charge and assistant director of nursing.</p>

The inspectors reviewed a sample of residents' care plans and found that care plans were developed following completion of validated assessment tools within 48 hours of admission. Assessments and care plans were updated following a change in residents' condition; for example, after admission to hospital where required. A holistic care plan had been implemented and records reviewed indicated that a Key to me was completed for all residents to ensure staff knew residents' preferences and choices. Care plans were found to be person centred and detail to direct care. However, some care plans reviewed did not ensure that information recorded in assessments reflected residents' underlying medical conditions as outlined under Regulation 5; Individual assessment and care plan.

The provider promoted a restraint-free environment in the centre, in line with local and national policy. Alternatives to bedrails such as crash mats and low beds were in use for residents at risk of falls. The inspector observed that residents' rights and choices were respected and facilitated in the centre. Residents were free to exercise choice in their daily lives and routines. Residents could retire to bed and get up when they chose.

The environment and equipment used by residents were visibly clean and the premises was generally well-maintained on the day of the inspection. Cleaning schedules were in place and equipment was cleaned after each use. There was an ongoing programme of maintenance in the centre. Some aspects of the premises required action as outlined under Regulation 17 premises.

The inspectors saw that residents were offered a choice at mealtimes and residents spoke positively regarding the choice and quality of food and meals provided.

Residents' were supported to attend resident meetings, which provided an opportunity to consult with the provider on the management of the centre. Feedback from these meetings was used to implement improvements in the centre. Residents had access to an independent advocacy service and the management team supported almost 30 residents to access these services when required. There was a varied programme of activities available for residents that was provided by an activities team and external facilitators.

Regulation 11: Visits

The inspectors saw many visitors coming and going on the day of inspection and they confirmed that there were no restrictions on visiting in the centre. Visits were observed to take place in residents' bedrooms, communal areas and the outdoor spaces in the centre.

Judgment: Compliant

Regulation 17: Premises

Overall, the inspectors found that the premises conformed to Schedule 6 of the regulations, however the following required action;

- The Sovereign Lounge was cluttered with equipment and was not an inviting space for residents to access the outdoor garden exiting from the room.
- The décor in one of the communal rooms in the Armada Suite required attention
- Two overhead bed lights were not working on the day of inspection, this was actioned by maintenance staff on the day of inspection.
- Two pressure cushions and a specialist chair were worn and required repair or replacement
- The surface of one of the outdoor spaces from the Armada Suite required action as it was moss covered and worn.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

The inspectors saw that residents had a choice of meals at lunch time and residents who spoke with inspectors gave positive feedback on the choices and quality of food available in the centre. The inspectors saw that the lunch time meal was well presented and plenty snacks such as soup, smoothies were served in the morning and other beverages were served in the afternoon. Residents who required dietary or speech and language services were referred as required and their recommendations implemented. The inspectors saw that residents who required assistance were provided with this in an unhurried and respectful manner. Desserts and main course were served to residents at the same time and some residents were observed to eat their dessert before their main meal which may impact their intake. The person in charge agreed to review same on the day of inspection.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

From a review of a sample of care plans, there were mixed findings with many being person centred and detailed to direct care, however, the following required action;

- residents' medical history was not consistently used to inform assessments and care plans; this may lead to errors in care delivery.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had very good access to GP services, speech and language therapy, dietetic services, occupational therapy services, and tissue viability services. The provider employed a physiotherapist, who worked in the centre two days a week and supported a mobility and exercise programme for residents. Residents living in the centre had access to community geriatricians, mental health services and palliative care services as required. From a sample of wound care management plans reviewed, it was evident that a good standard of evidence based nursing practice was implemented.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Staff were up-to-date with relevant training in caring for residents with dementia and responsive behaviour. The inspectors saw that residents who were living with behaviour and psychological symptoms of dementia(BPSD), were supported and cared for by staff in a respectful and dignified manner. Comprehensive plans in relation to managing behaviour in the centre were in place for the residents, with de-escalation techniques evident throughout. There was minimal use of restraints, such as bedrails in place, with evidence of alternatives, in use such as low beds sensor mats and crash mattresses.

Judgment: Compliant

Regulation 9: Residents' rights

The inspectors found that residents rights to privacy were protected and promoted in the centre. Residents had access to external independent advocacy and the management team supported residents to access these services regularly. There was a schedule of activities available over seven days of the week and residents were offered both one to one and group activities in accordance with their abilities and preferences. Four activity staff facilitated this schedule, and it was also supported by care staff. Residents' views on the running of the centre were sought, through both residents and relative surveys and residents' meetings. Residents were encouraged to go on outings from the centre with their friends and families.

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
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	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-0044749

Date of inspection: 28/04/2025

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 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: <ul style="list-style-type: none">• The Sovereign Lounge has been decluttered• The décor in the communal room in the Armada is being reviewed• All pressure cushions have been inspected and replaced where necessary. Specialist chairs have been reviewed and a programme of repair and replacement is ongoing.• The surface of the outdoor spaces in the Armada have all been cleaned.	
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: <ul style="list-style-type: none">• residents' medical history which was recorded in the Medical History sections of the residents computerised notes have all been transferred to the "My personal needs" section of the care plan.	

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 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/08/2025
Regulation 5(2)	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.	Substantially Compliant	Yellow	05/06/2025