



**Health  
Information  
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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:	19 March 2026
Centre ID:	OSV-0000235
Fieldwork ID:	MON-0049634

## 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 117 single bedrooms and five twin bedrooms. Three pairs of single bedrooms had shared toilet and shower facilities, where two residents' rooms shared one bathroom, all other bedrooms had en-suite facilities. 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, 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. The nurses are supported by care, catering, household and activity staff. Medical and allied healthcare professionals provide ongoing support 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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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
Thursday 19 March 2026	09:00hrs to 17:30hrs	Louise O'Hare	Lead
Friday 20 March 2026	09:00hrs to 15:10hrs	Louise O'Hare	Lead
Friday 20 March 2026	09:00hrs to 15:10hrs	Siobhan Bourke	Support

## What residents told us and what inspectors observed

This was an unannounced inspection carried out over two days by two inspectors of social services. Residents living in Haven Bay Care Centre told inspectors that they felt safe and content living in the centre. Inspectors spoke with 20 residents during the inspection and feedback was generally positive. One resident told inspectors that "staff are outstanding", and another that "I'm very happy living here". Inspectors also spoke with 6 visitors who spoke highly of the care given in the centre.

On arrival, the inspector was greeted by the assistant director of nursing (ADON) and completed an initial walk around of the centre followed by a brief introductory meeting. This allowed the inspector to meet residents and staff as they went about their daily routine. The centre appeared to be visibly clean, warm and relaxed throughout. Some residents were observed having breakfast in the centre's different dining rooms, while others were relaxing in their bedrooms or other communal areas.

Haven Bay Care Centre is a purpose built centre located in the town of Kinsale, which is registered to provide care for 127 residents. There were 124 residents living in the centre during the inspection. Accommodation was arranged over three floors and there was stairs and lift access to each floor. The lift and the door to the dementia specific care unit, were both accessed by a keypad. The code to this was displayed in a format that would enable those without a cognitive impairment to use easily. Bedroom accommodation was comprised of 117 single rooms and 5 twin rooms. Three pairs of single rooms, each shared a bathroom with toilet, wash hand basin and shower, while all other bedrooms had en-suite facilities. Residents were able to personalise their own bedrooms, and a number of residents had brought in items such as their own furniture, artwork or photographs. Each resident had their own call-bell, double wardrobe, bedside locker, seating and television. One resident told inspectors they were unable to use the call-bell and an alternative was being sought for them. Residents' personal clothing and linen were laundered on site.

Communal spaces were available on each floor for residents to enjoy, and these were seen to be well-decorated, bright and homely. Each floor of the centre had access to secure outdoor areas, which were laid out with seating and pathways for resident's use. They were well-decorated with bright and colourful paintings of traditional shopfronts from the local town. Minor wear and tear was observed in the paintwork in some of these areas and the provider committed to actioning this.

During both days, inspectors observed several interactions between residents and staff which were kind and respectful. Residents described staff as "very nice" and "very good". Call-bells were seen to be answered promptly, and most residents felt that staff were quick to respond.

Inspectors spent time observing the dining experience on both days of inspection. Lunch was served at 12:30pm and was observed to be a relaxed and sociable experience. There were sufficient staff to assist residents as required, and assistance was seen to be given discreetly and individually. Meals were attractively presented and the majority of residents described the food as good. One resident told the inspector "it's the best in cork city". The centre had a named champion to promote good nutrition practices for residents.

Activities were scheduled seven days a week in the centre, and activities staff were allocated to each floor. The week before the inspection a "Haven Bay's Got Talent" event had been held in which a number of residents' groups competed including a choir and a dance group. Some residents told the inspectors how much they had enjoyed this, including the process of rehearsals in the run up to the event. The event had been staged in the Asgard room and a large balloon arch and colourful background used to stage the show were still present. During the two days of the inspection, the inspectors saw a range of activities taking place across the three floors of the centre. On the first day of inspection, the inspector saw residents taking part in an exercise group in the morning, and enjoying a music session in the afternoon. Some residents on the Armada unit were observed participating in one-to-one activities with staff. On the morning of the second day, inspectors saw residents enjoy a newspaper discussion on the ground floor, while a lively sing song was led by a singer and guitarist on the first floor. Residents called out requests and sang along with other residents and staff. Residents who lived with a cognitive impairment who were unable to sing along, appeared to engage and enjoy the activity and were included by the activity staff.

The inspectors saw that residents were consulted on the running of the service through regular resident meetings and surveys. From a review of minutes of residents' meetings, it was evident that the provider acted on recommendations from residents. Residents and relatives' surveys indicated that residents would like more activities and the provider had committed to increasing the weekend and evening schedule in response to this.

The next two sections of this 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). The inspectors also followed up on the actions taken by the provider in line with the compliance plan from the previous inspection in April 2025, and found that these had been

completed. Overall, the inspectors found that this was a well-managed centre, where residents were supported to have a good quality of life.

Haven Bay Care Centre Limited is the registered provider for Haven Bay Care Centre. The company has three directors, one of whom is the registered provider representative and is actively involved in the operational management of the centre. There was a clearly defined management structure in place with a stable management team. This was comprised of a full-time operations manager, person in charge and two assistant directors of nursing. The person in charge worked full-time in the centre and had been in post since 2010. In addition to the management team, they were supported in their role by a team of clinical nurse managers, senior staff nurses, staff nurses, healthcare, housekeeping, administration, human resources, catering and maintenance staff. Deputising arrangements were in place for when the person in charge was absent.

There was a comprehensive schedule of audits in place to monitor the quality and safety of care, examining topics including wound care, care plans, call-bell response times and infection prevention and control. Key performance indicators of care including falls and antimicrobial use were recorded and trended. Information from these was used to identify areas that required improvement, as evidenced by a reduction in the incidence of falls in the centre. A non-clinical audit schedule was also in place, and records seen indicated that issues identified, such as maintenance or contracts of care, were identified and actioned promptly.

The annual review for 2025 had been completed and included consultation with residents and their families received through surveys and residents' meetings. It included a breakdown of information regarding topics such as complaints and access to advocacy services. A quality improvement plan had been developed to address issues highlighted in the review, and included topics such as activities and increasing community involvement.

There were effective systems in place for communication in the centre. Management meetings were held regularly, and inspectors saw minutes of monthly nurse manager meetings that demonstrated good oversight of clinical issues. Safety pause meetings took place weekly on each floor and minutes indicated that issues such as workload, care of residents and infection control issues were discussed. These facilitated staff to raise concerns, and staff who spoke with inspectors said they could raise issues about the quality and safety of care to residents.

Based on a review of rosters and speaking to residents and staff, there was a sufficient number and skill-mix of staff to meet the assessed needs of residents during the inspection. Minutes of meetings demonstrated that there was an ongoing recruitment process in place to fill staff vacancies as they arose. New staff participated in an induction programme on starting employment in the centre. There was effective oversight of training in the centre with a comprehensive suite of training available to staff, and training was up-to-date. Staff who spoke with the inspector were aware of their roles and responsibilities.

Records were made available for inspection as requested. A sample of four staff files was reviewed by an inspector. Each of the files reviewed had a Garda Síochána (police) vetting disclosure in place, as well as the information set out in Schedule 2 of the regulations. Incidents and complaints records were maintained, and managed in line with regulations.

#### Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration

The registered provider had submitted an application to vary condition one of their registration in the form determined by the Chief Inspector and had provided the required information as requested.

Judgment: Compliant

#### Regulation 15: Staffing

On the two days of inspection, based on a review of rosters and from speaking to residents, there was a sufficient number and skill-mix of staff to meet the assessed needs of residents. Inspectors observed that residents received assistance and care in a timely manner. Call-bell response times were regularly audited. There were five registered nurses rostered on duty at all times.

Judgment: Compliant

#### Regulation 16: Training and staff development

There was good oversight of training in the centre and mandatory training was up-to-date for staff. Staff were also facilitated to complete additional training in key areas such as outbreak management, wound care and catheterisation. Seven staff had completed Caru training (a continuous learning programme that supports and empowers nursing home owners and staff in the delivery of person-centred palliative, end-of-life, and bereavement care to residents), and this was being disseminated in the centre.

Judgment: Compliant

#### Regulation 19: Directory of residents

A directory of residents was maintained in the centre and contained the information specified in Schedule 3 of the regulations.

Judgment: Compliant

### Regulation 21: Records

A sample of four staff files were reviewed and found to contain the information detailed in Schedule 2 of the regulations.

Judgment: Compliant

### Regulation 23: Governance and management

The registered provider had ensured that there was a clearly defined management structure in place, with identified lines of authority and accountability and deputising arrangements for key management roles in place. An annual review of the quality and safety of care delivered to residents had been completed for the previous year, as required, in consultation with residents and their families. A copy of the review was available to residents. The inspectors saw from minutes of staff meetings and floor meetings, and from speaking to staff, that arrangements were in place for staff to raise concerns about the care delivered to residents when necessary.

Judgment: Compliant

### Regulation 31: Notification of incidents

Inspectors saw records that indicated notifiable incidents were recorded appropriately in the centre and submitted to the office of the Chief Inspector as required. Quarterly reports were submitted to the office of the Chief Inspector as specified in Schedule 4 of the regulations.

Judgment: Compliant

### Regulation 34: Complaints procedure

There was a current complaints policy in place which met the requirements of the regulations. The procedure was displayed in the centre and on the centre's website.

Complaints were investigated by the complaints officer and the outcome clearly documented, including whether the complaint was upheld and any improvements recommended as a result. Where appropriate a written response was provided to the complainant with the information required in the regulations.

Judgment: Compliant

## Quality and safety

This inspection found that residents received a good standard of person-centred care from a team of staff who were familiar with them and their preferences. The centre had good access to appropriate medical and health and social care professionals to meet their needs. General practitioners (GPs) attended regularly to review residents. A physiotherapist attended the centre two days a week, and records indicated that residents were also referred to community services such as the integrated care programme for older people (ICPOP), or other specialists as required. Recommendations from these were incorporated into residents' care plans.

The inspectors reviewed a sample of 13 care plans and found that overall they were sufficiently detailed to guide care. Care plans were developed no later than 48 hours after a resident's admission, and were reviewed at intervals not exceeding four months. Validated assessment tools were used to assess aspects of care, such as risk of falls or nutrition, and these informed care planning.

Staff had received training on how to support those with responsive behaviour, and how to prevent, detect and respond to abuse. There was a low level of restrictive practice in the centre, and alternatives such as low low beds and crash mattresses were in use. Care plans on responsive behaviour were very detailed and several of these had been developed with a dementia champion, who attended the centre frequently.

The premises was laid out to meet the needs of the residents living in the centre. There was good oversight of maintenance issues in the centre, and the inspectors saw that issues were actioned promptly. There were systems in place to ensure fire safety equipment was serviced regularly. Records were kept which included details of evacuation simulations, fire alarm tests, checks of escape routes, exits and fire doors.

A weekly schedule of activities was displayed and included items such as music, quizzes, movie club and bingo. One visitor told the inspectors that they felt the choice of activities was limited, and this had also been identified in surveys by the provider and discussed in residents' meetings. The inspector saw that a quality improvement plan was in place to increase weekend and evening activities in 2026. Residents were consulted in how the centre was run through residents' meetings and surveys. Access to media such as radio, television, newspapers and internet was

supported. Residents told the inspector that they had choice about how they spent their day.

Medications were securely stored in clinical rooms which were accessed by a keypad lock. Systems were in place to segregate and dispose of unused or out-of-date medicines. Inspectors noted from a review of documentation an incident where controlled drugs had not been stored appropriately in the centre. This had been identified by the centres' processes and actioned in line with their policy.

### Regulation 10: Communication difficulties

Inspectors saw that residents were supported to communicate freely, and that when communication aids were required, these were documented clearly in their care plans.

Judgment: Compliant

### Regulation 17: Premises

The provider had followed up on the actions arising from the previous inspection, and these had been completed. The premises was laid out to meet the needs of the residents living there, and in accordance with the statement of purpose.

Judgment: Compliant

### Regulation 26: Risk management

There was a risk management policy in place that met the requirements of the regulation. There was a plan in place for responding to major incidents.

Judgment: Compliant

### Regulation 27: Infection control

Residents who spoke with the inspectors confirmed that residents' bedrooms were cleaned every day. The provider ensured staff were facilitated to attend link nurse training in infection control to support infection prevention and control practices in the centre. There was good oversight of infection control in the centre and aspects

of standard precautions such as equipment hygiene and hand hygiene were monitored through regular audits. Residents with a history of infections were appropriately monitored and their specific care needs were reflected in care plans reviewed.

Judgment: Compliant

### Regulation 28: Fire precautions

The provider had made arrangements to ensure that fire safety equipment, such as fire alarms, emergency lighting and fire extinguishers, were regularly checked and serviced. Fire safety training took place annually and staff were up-to-date. There was a system in place for evacuation simulations. The inspector saw from records that these were conducted with staff and some residents, that a number of simulations took place at night in the biggest compartment, and that there was evidence of learning from these. Inspectors observed that means of escape were kept clear. Residents had a personal emergency evacuation plan in place. There was appropriate signage in place on rooms where oxygen was in use.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

Arrangements were in place for the segregation and disposal of medicinal products which were out of date or no longer required. There were current policies in place in relation to the ordering, receipt, storing and administration of medicines to residents. On the day of inspection medicinal products for residents were stored securely in the centre.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

Inspectors reviewed a sample of thirteen care plans. Overall, care plans were comprehensive and sufficiently detailed to direct care. Care plans were prepared for a resident no later than 48 hours after admission to the centre. Evidence-based assessment tools were used to assess risks such as falls, skin integrity and risk of malnutrition. Outcomes of these assessments were used in the development of care

plans. Care plans were reviewed at intervals not exceeding 4 months or when necessary as required by the regulations.

Judgment: Compliant

### Regulation 6: Health care

Residents had good access to local GP services. The inspectors saw that a local GP was in the centre on the first day of inspection reviewing residents. A physiotherapist attended the service two days a week, and the inspector saw a number of residents participating in a group exercise session with them. Residents also had access to other health and social care professionals such as dietitians, speech and language therapy and occupational therapy. The inspector was told by the person in charge, and observed from documentation, that residents had access to community services such as the Integrated Care Programme for Older People (ICPOP), a consultant Geriatrician, community palliative care services and mental health services.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

Care plans for responsive behaviour were sufficiently detailed to direct care with specific triggers and strategies clearly identified. A dementia champion attended the centre regularly and developed care plans to guide staff in caring for those with responsive behaviour. There was a low level of restrictive practice in use in the centre. Staff training was up-to-date and staff who spoke with the inspector demonstrated knowledge of how to support those with responsive behaviour.

Judgment: Compliant

### Regulation 8: Protection

Residents told the inspectors that they felt safe living in the centre. Staff training was up-to-date and staff who spoke with inspectors were aware of their roles and responsibilities in reporting abuse. The provider was not a pension agent for any resident in the centre; however, a small number of residents had a "Person in Care" account in place. There was a robust system for the management and protection of resident's finances. Petty cash and small items were held in the safe for a number of residents. Inspectors saw that regular audits were conducted, and records were

signed and maintained appropriately. There was an up-to-date policy in place to guide staff with regards to protecting residents from the risk of abuse.

Judgment: Compliant

### Regulation 9: Residents' rights

The inspectors found that residents' rights were promoted in the centre. Residents were facilitated to access radio, television, newspapers, internet and other media. Residents' meetings took place every two months, and surveys of residents to ascertain their opinions on service improvements and other topics such as activities and food. Family members were also surveyed. Residents had access to independent advocacy services.

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 7: Applications by registered providers for the variation or removal of conditions of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication difficulties	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant