



**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:	Announced
Date of inspection:	20 September 2023
Centre ID:	OSV-0000235
Fieldwork ID:	MON-0041197

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:	121
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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 20 September 2023	09:10hrs to 17:40hrs	Siobhan Bourke	Lead
Thursday 21 September 2023	09:10hrs to 17:30hrs	Siobhan Bourke	Lead
Wednesday 20 September 2023	13:55hrs to 17:40hrs	Caroline Connelly	Support
Thursday 21 September 2023	10:30hrs to 17:30hrs	Caroline Connelly	Support

What residents told us and what inspectors observed

Inspectors found that Haven Bay Care Centre was a well-run centre where residents' rights were promoted and their choices respected. The feedback from residents and relatives who spoke with inspectors and who completed questionnaires was very positive. Residents described staff working in the centre as "friendly" and "kind" and "excellent." One resident told an inspector that "the food was good, the centre was lovely, but the staff are fantastic, every last one." Residents who spoke with inspectors reported feeling safe in the centre and that staff came to them when they needed them.

This inspection was announced and carried out over two days. On arrival to the centre, the inspectors saw that staff and visitors were encouraged to wear masks as a number of staff and residents in the centre had just recovered from an outbreak of COVID-19 and there was reportedly, high levels of infection in the local community. The inspectors saw that hand hygiene facilities were available at reception as well as a supply of face-masks. An opening meeting was held with the registered provider representative, the person in charge and the operations manager to discuss the plan for the inspection and to follow up on actions from the previous inspection. The person in charge accompanied an inspector on a walk around the centre. During the walk around, the inspector saw that many of the residents were up and ready for the day's activities, while a number of residents were enjoying a leisurely breakfast in one of the centre's dining rooms. Staff were providing personal care to residents who required assistance. The inspector saw that staff knocked and greeted residents in a friendly and respectful manner when entering their bedrooms.

The centre was found to be well laid out to meet the needs of residents. Inspectors saw that the centre was clean, warm and well ventilated throughout. Haven Bay Care Centre is a purpose built centre that is registered as a designated centre for older persons and can accommodate 127 residents. Residents' accommodation is over three floors or levels and mainly comprises single room accommodation with 111 single bedrooms and eight spacious twin rooms. All bedrooms had en suite toilet, shower and hand wash basin facilities.

At the time of inspection, there were 121 residents living in the centre. The inspectors saw that, in general, residents' bedrooms were well maintained and decorated. Many residents had their bedrooms personalised with their own photographs, memorabilia and some residents had brought furniture such as chairs and display cabinets from their own homes. On the first day of inspection, an inspector saw that a bedroom door on one floor was scuffed and marked, and two showers were not working in residents' ensuites. The management team in the centre had these issues actioned by the end of the day. An inspector saw that a small number of cross fire doors had gaps when closed; these were adjusted to ensure they closed correctly, by the maintenance team, during the inspection.

The inspectors saw that communal areas on all floors were decorated and furnished to a high standard. The dining rooms and day rooms on the ground and first floor were bright and airy and filled with homely furniture and features. The dining room/kitchenette in the Armada Wing had been decorated with seascape murals that gave the room a calming feel.

The inspectors saw residents access the well maintained outdoor areas in the centre that were freely accessible on each floor. The outdoor garden area in the Armada Wing had raised beds with scented plants to provide sensory stimuli for residents. In one area of the Armada Wing, mountain scene murals had been painted on exterior walls to brighten up the views from some residents' bedrooms. On the other two floors, the outdoor areas were equally well maintained and new murals of scenes from Kinsale were bright and welcoming. The inspectors saw residents and their relatives sitting in the outdoor gardens and an outdoor garden summer house was well used by residents and relatives alike.

The inspectors observed the lunchtime meals on both days and the evening meal on the first day of inspection. The dining rooms and areas were brightly decorated and the inspectors saw that tables were decorated with tablecloths, flowers and were appropriately set at each meal time. Food was served from hot trolleys in the floors that were not located near the main kitchen, to ensure they were served hot to residents.

Residents told the inspectors that they were offered a choice of meals and their menu choice was selected the preceding day for lunch and evening meal. The inspectors saw that staff provided assistance to residents who required it in a dignified and respectful manner. The dining experience was a sociable one in the large dining room on the ground floor and food was served in an unhurried manner where residents at each table were served together. On the first day of inspection, an inspector saw that some residents were served their lunchtime meal from bed tables rather than dining tables in one of the wings. The person in charge reviewed this and on the second day, these residents were seated together to support a social dining experience.

Residents gave positive feedback on the quality and variety of food provided. The inspectors saw that food was presented in an appetising way and texture modified diets were well presented. Residents who required texture modified meals had a choice at each mealtime. The inspectors saw that for the evening meal, residents were served their main course first, followed by a selection of bread and cakes which were home-baked in the centre. In one of the dining rooms, a resident was seen to heat up their scone in the available microwave, like one would at home.

The inspectors saw that there was a schedule of activities displayed and available for residents on each floor over the seven days. Residents who spoke with the inspectors were aware of the available activities and could choose if they wished to attend these or not. Staff who spoke with inspectors were knowledgeable regarding the importance of social engagement with residents. The inspectors saw a number of group and one to one activities over the two days. For example, on the first day of inspection, an inspector saw a lively sing song on one of the wings with an

external musician and singer. Residents sang along with the singer and one of the residents joined in the session on their harmonica. The residents were observed to be enjoying the session. In the afternoon, residents were engaging in a lively crossword game on another floor. On the second day, the centre's physiotherapist held a lively group exercise session which many residents attended. Daily mass was available on the smart TVs throughout the centre and the recent renovations to the centre's oratory was a welcome development for residents. Residents were encouraged to attend outings with families and friends. The inspectors saw a resident was impeccably dressed for an outing to a family celebration.

During the inspection, many examples of person centred care was observed by inspectors. Residents appeared well cared for and were dressed in their own styles and preferences. It was evident that staff were aware of residents' preferences and knew their care needs well. The inspectors saw that staff interacted with residents in a patient and respectful manner. Those residents who could not communicate their needs appeared comfortable and content. Open visiting, was in place, which was welcomed by the residents. Friends and families were facilitated to visit residents, and the inspector observed visitors coming and going throughout the day.

Residents' views on the running of the centre were sought through regular residents meetings that were held in the centre. From a review of minutes of these meetings, it was evident that feedback from residents was actioned by the provider. Resident surveys were also completed regularly to seek their views on their experience of living in the centre. 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 announced 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 to address issues identified on the last inspection of the centre in September 2022. 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. Haven Bay Care Centre was a well-managed centre where residents were supported to have a good quality of life. Some issues were identified as requiring action, such as contracts of care and complaints procedure. These will be detailed under the relevant 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. As well as the person representing the provider, the centre's management team comprised a full time operations manager, a person in charge, an assistant director of nursing, four clinical nurse managers and a housekeeping supervisor. The management team met daily and also had formal governance and management meetings in place to oversee the quality and safety of the service provided.

The inspectors reviewed minutes of meetings such as clinical governance meetings and health and safety meetings. It was evident that key issues such as actions on learning from complaints, review of clinical incidents, medication management and review of the risk register for the centre were appropriately reviewed and time bound action plans put in place where required. The inspectors saw that regular meetings were held in the centre to ensure effective communication across the service such as nursing team meetings, care staff meetings and meetings with night staff.

The inspectors found that the number and skill mix of staff working in the centre was appropriate to meet the assessed needs of the 121 residents living in the centre. From review of rosters and from speaking with staff, it was evident that the number of staff available to support residents with activities had increased since the last inspection. The maintenance team in the centre had also increased to ensure availability seven days a week. Staff who spoke with inspectors had a good awareness of their defined roles and responsibilities and were knowledgeable of residents' preferences and needs. 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.

Staff files reviewed contained all the items listed in Schedule 2 of the regulations. The centre had appropriate policies on recruitment, training and vetting of new employees. An Garda Siochana (police) vetting disclosures, in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012, were available in the designated centre for each member of staff. All new staff had completed a process of induction; the documentation to support this induction process was completed on the sample of files reviewed.

There was a comprehensive programme of training available for staff working in the centre and all staff had attended up-to-date training in mandatory areas, such as manual handling, safeguarding vulnerable adults, responsive behaviours and dementia care and fire safety. Registered nurses were provided with regular training on care planning and end of life care. Nursing and care staff were provided with face-to-face training on positive behaviour support and restrictive practices.

Each resident had a written contract of care that outlined the services provided and fees to be charged, however action was required to ensure that the room number was recorded on contracts as outlined under Regulation 24; contracts of care.

The provider had a complaints procedure displayed in the centre and 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. The inspectors found that action was required to update the centre's complaints procedure to ensure it met the recent changes to Regulation 34; Complaints procedure.

There was good oversight of the quality and safety of care provided to residents whereby key clinical performance indicators and key risks to residents were monitored and reviewed on each floor. These were discussed and action through regular safety pause meetings and other meetings such as falls review and responsive behaviour meetings. The provider ensured that a schedule of audit was in place and implemented to monitor the quality and safety of care provided to residents.

A record of incidents occurring in the centre was reviewed by inspectors and found to be well detailed and required notifications were submitted to the chief inspector. A recent initiative in relation to falls managed had been implemented by the care team in the centre. Residents experiencing recurrent falls were referred to the local Integrated Care Programme for Older Persons (ICPOP) team further expertise and assessment for these residents from the multidisciplinary team.

There was evidence of consultation with residents on the running of the centre through surveys and monthly residents meetings.

Regulation 14: Persons in charge

The person in charge was full time in post in the centre since 2010. 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

The number and skill mix of staff was appropriate having regard to the assessed needs of residents and the size and layout of the centre. On the days of inspection, there were 121 residents living in the centre. The inspectors saw that the number of activity staff had increased since the previous inspection to support residents.

Judgment: Compliant

Regulation 16: Training and staff development

From speaking with staff and the management team, it was evident that there was good oversight of mandatory training in the centre. A review of the training matrix and schedule indicated that all staff were up to date with mandatory training and regular staff training was scheduled each month. Three members of the nursing team were supported by the provider to attend specialist training in infection control to support practice in the centre. Inspectors saw that new staff were supported with an induction programme and staff appraisals were completed. Staff were seen to be appropriately supervised during the inspection.

Judgment: Compliant

Regulation 21: Records

An inspector reviewed a sample of staff files and saw that that contained the information required under Schedule 2 of the regulations. Garda vetting was in place for staff prior to commencement of employment in the centre. The inspectors found that records were stored securely.

Judgment: Compliant

Regulation 23: Governance and management

The inspectors found that the centre had sufficient resources to ensure effective delivery of care in accordance with the statement of purpose. There was a clearly defined management structure in place that identified lines of responsibility and accountability and staff were aware of same. An annual review had been completed for 2022, which complied with the regulations. There were good management systems in place to ensure the service was safe, appropriate and effectively monitored.

Judgment: Compliant

Regulation 24: Contract for the provision of services

An inspector reviewed a sample of contracts of care. While these contracts outlined the occupancy of the room, whether it was single or shared, the room number was not recorded, therefore, the contracts did not include the terms relating to the bedroom to be provided to the resident as required in the regulation.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Incident records were maintained electronically in the centre. An inspector reviewed these records and was assured that notifications, required by the regulations, were submitted to the Chief Inspector.

Judgment: Compliant

Regulation 34: Complaints procedure

The inspector saw that the complaints procedure required updating to meet the requirements of recent changes to the regulation. For example, updates to information provided when responding to complainants needed to include details of the review process.

Judgment: Substantially compliant

Quality and safety

The inspectors found that residents living in Haven Bay Care Centre were supported to have a good quality of life, where their rights and choices were promoted and respected. Residents who spoke with inspectors said that they felt safe and that staff responded to their requests for assistance in a timely manner.

The inspectors was assured that residents' health care needs were well met. Resident were provided with a good standard of evidence based nursing care and had good access to health care services. A general practitioner was on site in the centre on the first day of inspection and from a review of health care records, it was evident that residents had timely access to general practitioner services and regular medical reviews. A physiotherapist worked in the centre two days a week to provide assessments and treatments to residents as required. Residents also had access to other health and social care professional 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.

From a review of a sample of nursing and care records, it was evident that nurses completed a comprehensive assessment for residents when admitted. Validated assessment tools were used to identify clinical risks such as risk of falls, pressure ulceration and malnutrition. The inspector reviewed a sample of records and found that care plans were detailed enough to direct care and were person-centred. Care plans and assessments were updated either four monthly or more frequently when there were any changes to the resident's care or condition.

The inspectors saw that residents who presented with responsive behaviours were responded to in a very dignified and person-centred way. Care plans for residents who experience responsive behaviour were detailed and person centred. The centre's dementia champion assisted staff with assessment and care planning for residents. There was a very low level of restrictive practices in the centre and where in use, there was evidence of appropriate risk assessments and care plans in place.

Residents who were assessed as having increased nutritional risks were referred to a dietitian and or speech and language therapist in a timely manner and there was evidence that any recommendations made were implemented. The inspectors saw that there was an adequate number of staff on duty to provide assistance to residents who required it at meal times.

The design and layout of the centre was suitable for its stated purpose and met residents' individual and collective needs in a comfortable and homely way. Communal areas throughout the centre were spacious and had plenty of comfortable furnishings. The inspector saw that there was an ongoing programme of renovations in the centre. The oratory had been recently renovated and the outdoor terrace gardens were well maintained. Residents had access to a lockable space in their bedrooms and had ample storage room for their clothes and personal belongings.

The centre was visibly clean throughout. The provider had a number of assurance systems in place to prevent and control the risk of infection in the centre. A single use, colour coded, mop and cloth systems was in operation. Cleaning agents were appropriate for health care settings and housekeeping staff demonstrated an understanding of the centre's cleaning procedures and processes.

Residents who spoke with the inspectors reported that they felt safe in the centre. Staff working in the centre were provided with training in safeguarding of vulnerable adults and were knowledgeable in this regard. There were effective systems in place for the management and protection of residents' finances.

The inspectors found that residents' rights were protected and promoted in the centre. Individuals' choices and preferences were seen to be respected. Regular residents meetings were held which ensured that residents were engaged in the running of the centre. Residents had access to independent advocacy and a number of residents were engaging with these services at the time of inspection. There was a varied programme of activities available for residents that was provided by an activities team and external facilitators. Residents were supported to maintain links with the community through days out with relatives.

A review of fire precautions found that arrangements were in place for the testing and maintenance of the fire alarm system, emergency lighting and fire-fighting equipment. Safety checks were in place to ensure means of escape were unobstructed.

Regulation 10: Communication difficulties

The inspectors observed that staff communicated effectively with residents and responded to residents in a respectful manner. The inspectors found that residents who required assistance with their communication needs were supported by staff and their requirements were reflected in care plans reviewed.

Judgment: Compliant

Regulation 11: Visits

The registered provider had arrangements in place to facilitate residents to receive visitors in either their private accommodation, or in many of the communal areas. Visits to residents were not restricted.

Judgment: Compliant

Regulation 12: Personal possessions

The inspectors saw that residents' bedrooms had plenty storage such as wardrobes, chests of drawers and lockers for residents' personal possessions and clothes. There were good systems in place to ensure that residents clothes were appropriately laundered and returned to residents.

Judgment: Compliant

Regulation 17: Premises

The inspectors saw that the premises were appropriate to meet the needs of residents and conformed to the matters set out in Schedule 6 of the regulations. The centre had a number of bright well decorated communal areas and spaces available for residents. Many residents' bedrooms were seen to be well maintained and personalised. The external grounds were well maintained with evidence of

recent renovations. The inspectors saw a maintenance programme was in place for the centre and equipment for use by residents was in good working order.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents spoken with gave positive feedback regarding the quality, quantity and variety of food. This was supported by the observations of the inspectors who saw that food was attractively presented, and residents requiring assistance were assisted appropriately. The inspectors saw that texture modified diets, in particular, were well presented and appeared appetising. There was an adequate number of staff available to assist residents with nutrition intake. An inspector saw that on the first day of inspection, a number of residents on one of the floors were served their meal on bed tables rather than a dining table which did not enable them to have a social dining experience. The person in charge had addressed this by the second day of inspection and residents were facilitated to sit at a table with other residents, where possible.

Judgment: Compliant

Regulation 20: Information for residents

The provider ensured that a residents' guide was available for residents and included the service and facilities, terms and conditions, complaints procedure, arrangements for visits and accessing independent advocacy services.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

On review of a sample of residents' records, the inspectors found that there were systems in place to ensure that all relevant information about the resident was provided to the receiving hospital where a resident was temporarily transferred for care.

Judgment: Compliant

Regulation 26: Risk management

The provider had an up-to-date risk management policy that met the requirements of the regulation. An updated emergency plan was also available for staff in the centre. There was a system in place for investigation of serious incidents in the centre.

Judgment: Compliant

Regulation 27: Infection control

The inspectors found that there was good oversight of infection prevention and control practices in the centre. The centre had a housekeeping supervisor who ensured that there were adequate staff available to ensure standards of cleaning were maintained in the centre. The person in charge ensured that where residents had a history of infections, these were reflected in their care plans and were monitored as a clinical indicator to ensure oversight of this risk. The provider was supporting three members of staff to undertake infection prevention and control education to enhance practices in the centre.

Judgment: Compliant

Regulation 28: Fire precautions

The provider ensured that there were systems in place to monitor fire safety procedures in the centre. There was a system in place to ensure that fire safety equipment such as fire extinguishers emergency lighting and fire alarm systems were serviced regularly. Fire alarms were sounded weekly and daily and weekly records were maintained of fire safety checks. An inspector saw that a small number of cross fire doors had gaps on the first day of inspection, this was immediately addressed by maintenance staff. There was a good system in place for simulation of evacuation of residents, in the event of a fire, to ensure staff maintained their competence. There was directional fire signage throughout the centre, however this was noted to be small and may benefit staff if increased in size, the provider agreed to review this.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

The inspectors reviewed a sample of care plans and found that residents were comprehensively assessed within 48 hours of admission. Care plans were developed to support resident's needs based on validated risk assessments. These assessments were regularly reviewed and completed to assess various clinical risks including risks of malnutrition, pressure ulcers and falls. All care plans reviewed were updated regularly and contained information specific to the resident's needs and were sufficiently detailed to direct care.

Judgment: Compliant

Regulation 6: Health care

The inspectors were satisfied that the health care needs of residents were met to a good standard. Residents were provided with appropriate health and medical care, including evidenced-based nursing care. Residents had timely access to medical assessments and treatment by their general practitioners (GP) and the person in charge confirmed that a GP visited the centre three times a week and as required. The inspectors saw that a GP from a local practice was in the centre on the first morning of inspection reviewing residents. A physiotherapist attended the centre two days a week and provided one-to-one and group sessions to residents. Residents also had access to a range of allied health care professionals such as dietitian, speech and language therapy, optician and palliative care. During the morning of the first day of inspection, a resident was provided with a x-ray from the mobile diagnostic unit.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The provider promoted a restraint-free environment in the centre, in line with local and national policy. There was a very low level of restraint in use in the centre and on the day of inspection, three of the 121 residents were using bed rails. The inspectors saw that many of the residents living in the centre experienced behaviour and psychological symptoms of dementia (BPSD). The inspectors saw that these residents had comprehensive behaviour support care plans in place that were individualised to resident's needs. A staff member, who had specific qualifications in dementia care, worked in the centre as a "dementia champion" and worked with staff to ensure comprehensive assessments and care plans were developed and implemented. Staff were up-to-date with relevant training in caring for residents with dementia and responsive behaviour. The provider also had arranged for families and staff to attend an innovative training session where participants were subjected to reduced sensory perception. This virtual "dementia bus" was designed

to increase understanding and awareness by emulating the experience of living with dementia.

Judgment: Compliant

Regulation 8: Protection

The provider ensured that there was an up-to-date safeguarding policy in place in the centre. There were robust arrangements in place to safeguard residents and to protect them from the risk of abuse in the centre. Residents who spoke with inspectors reported feeling safe living in the centre. The provider assisted a number of residents to set up person in care accounts to assist them with their pension arrangements. There were robust systems in place for the management and protection of residents' finances and in the invoicing for care and extras such as hairdressing and podiatry.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were upheld in the designated centre. The inspectors saw that residents' privacy and dignity was respected. Independent advocacy services were available to residents and a number of residents were actively engaged with these services. Activity provision was provided by a team of activity staff, led by an activity co-ordinator who ensured that residents had access to varied and meaningful activities. The schedule of activities was displayed on each floor. The inspectors saw that the oratory had been renovated since the last inspection and residents prayed together there to say the rosary once a week and could access it when they wished. The provider sought residents and their relatives views through regular surveys and there was evidence that these responses were actioned.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	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

Compliance Plan for Haven Bay Care Centre OSV-0000235

Inspection ID: MON-0041197

Date of inspection: 21/09/2023

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 24: Contract for the provision of services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services: The contract has been revised to incorporate the room number on admission. This is effective for all contracts issued after 1st November 2023	
Regulation 34: Complaints procedure	Substantially Compliant
Outline how you are going to come into compliance with Regulation 34: Complaints procedure: Our policy and procedures on Handling Complaints are being updated to reflect recent changes in legislation. These will be in place from 1st November 2023.	

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 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.	Substantially Compliant	Yellow	01/11/2023
Regulation 34(2)(c)	The registered provider shall ensure that the complaints procedure provides for the provision of a written response informing the complainant whether or not their complaint has	Substantially Compliant	Yellow	01/11/2023

	been upheld, the reasons for that decision, any improvements recommended and details of the review process.			
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