



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 September 2022
Centre ID:	OSV-0000235
Fieldwork ID:	MON-0037656

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:	114
--	-----

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 28 September 2022	09:15hrs to 17:05hrs	Siobhan Bourke	Lead
Thursday 29 September 2022	09:10hrs to 17:20hrs	Siobhan Bourke	Lead

What residents told us and what inspectors observed

From the observations of the inspector and from speaking with residents, it was evident that residents were supported to have a good quality of life, where their rights were respected, in this centre. The inspector met with many of the 114 residents living in the centre and spoke with 12 residents in more detail to gain an insight into their lived experience. Residents told the inspector that staff were kind and caring and listened to them. There was a cheerful and friendly atmosphere in the centre and a sense of well being amongst residents was apparent. The inspector met with a number of visitors during the inspection and in general their feedback was positive regarding the care their relatives received. The inspector observed that some improvements were required to ensure residents' safety and care was promoted at all times. This will be discussed under the relevant regulations.

This was an unannounced inspection to monitor compliance with the regulations. On arrival the inspector was guided through the centre's infection control procedures by a staff member who ensured that hand hygiene, temperature and symptom checks for COVID-19 were carried out. An opening meeting was held with the person in charge, the assistant director of nursing and the operations manager. The person in charge accompanied the inspector on a walk around the centre. The inspector saw that the reception area was bright, warm and welcoming. A large piano and flower arrangements gave the centre a homely feel. During the walkaround, it was evident to the inspector that the person in charge was well known to the residents and she was knowledgeable regarding their assessed needs. A number of residents told the inspector that she "was great" to them.

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 111 single bedrooms and eight spacious twin rooms, all bedrooms had ensuite toilet, shower and handwash basin facilities. The inspector saw that shared accommodation had adequate privacy curtains and were spacious with plenty storage space for residents' belongings. The inspector saw that bedrooms throughout the centre were suitably decorated and well maintained. The majority of bedrooms were personalised with residents' family photographs and personal possessions and in some rooms, furniture from residents' own homes.

There were plenty spacious communal areas and rooms for residents' use throughout the centre. Dayrooms and dining rooms were located on each floor and were decorated to a high standard, with plenty comfortable seating throughout the centre for residents' use. The ground floor had a communal room near reception where one of the residents held a weekly classical music appreciation group. It was also used for family gatherings and a resident told the inspector that three generations of their family had recently shared and enjoyed a take out from a local restaurant which was a lovely evening for them all. The ground floor had a large welcoming dining room and the inspector saw four residents having a late leisurely

breakfast in the room during the second morning. One resident was enjoying smoothies while another enjoyed two fried eggs and large slices of homemade brown bread. The ground floor also had a dayroom off the dining room where a group of residents were watching mass on the television in the morning time. The first floor also had a number of large communal spaces with three separate lounges and a bright reception area with a fish tank and seating for residents to sit with visitors or staff. Similarly the Armada suite on the lower floor had plenty communal spaces including Ringcurran lounge and rest areas for residents.

There was good access to secure outdoor spaces from all floors and discussions with staff and residents indicated that this was used especially during the fine weather. The inspector saw that the gardens were inclusive of walkways, water features, raised plant and flower beds and plenty outdoor seating and tables. On two floors, the outdoor areas are decorated with murals of well known shops, pubs and a post office from the local town of Kinsale giving the sense that one was in a small village square. Raised beds had beautiful displays of flowers and herbs and were well maintained. During the two days of the inspection, residents were seen enjoying the outdoor spaces to catch the autumn sun when they could.

The centre was found to be bright and clean throughout. There was a programme of preventive maintenance for equipment such as bedpan washers and hoists and equipment was found to be in a good state of repair on the day of the inspection. There was good directional signage throughout the centre to guide staff, residents and visitors. The inspector observed that alcohol hand gel was available throughout the centre. There was easy access to personal protective equipment (PPE) held in storage units for staff and staff were observed to be using PPE correctly.

The inspector observed the lunch time experience on both days of the inspection. The inspector saw that residents were offered a choice at mealtimes and modified diets were seen to be well presented and appetising. The inspector saw that meals were served from heated trollies to ensure they were as hot as possible when served to residents. Tables in the dining areas throughout the centre were decorated with brightly coloured table cloths and were appropriately set with condiments and cutlery. Staff sat with residents while providing encouragement or assistance with their meals for those who required it, in a dignified and respectful way. There were sufficient staff available to provide assistance to residents who required it. Residents who didn't require assistance were seen to chat together at tables and enjoy the social interaction of their meals. There were regular offerings of drinks and snacks throughout the day. The inspector saw that where residents did not like the choices available they were facilitated by staff where possible. A number of residents told the inspector that the food was "great" and "excellent." The inspector saw that some residents, who enjoyed alcoholic beverages with their meals, were facilitated with this.

The inspector observed that residents appeared well cared for and staff provided care in a respectful and unhurried way. Staff were observed to be kind, compassionate and were familiar with residents' preferences and choices. Residents described person-centred and compassionate care and told the inspector they were listened to and respected by the staff. Some residents did say that on occasion,

there were delays with answering call bells as staff were very busy. The inspector saw that residents were dressed to their own preferences. On the second day of the inspection, the centre's hair salon was a hive of activity with a number of residents both male and female, getting their hair styled and groomed. A beautician was also in the centre to attend to residents on the first day of inspection.

The inspector saw that there was a varied schedule of activities in the centre, seven days a week. These activities included balloon tennis, bingo, exercise classes, word games, quizzes and crosswords and live music provided by an external musician. All available activities were displayed on two floors and residents who spoke with the inspector knew what activities were available. The centre had a team of activity staff that was led by an activities co-ordinator. The team had recently increased with a new team member assigned to the Armada suite both days of inspection. The inspector saw that they provided residents in this unit with one-to-one activities and small group activities. The activity co-ordinator was also taking residents outside for walks. On both mornings of the inspection, a group of residents were watching live streamed mass together on the television in one of the day rooms. The inspector also saw a group of residents participate in a lively quiz on the first day of inspection. On the second day, a group of residents joined a local "mens shed" by zoom for a lively sing song where some of the residents sang their favourite songs; the examiner crossword and a light exercise class was held in the afternoon. The provider had purchased a seven seater vehicle that enabled small groups of residents to go on local outings to the town or beaches. Some residents enjoyed trips to the town for a beverage. Residents had access to media such radio, television and newspapers. Residents had access to religious services and clergy of their own faith. Mass was held regularly in the centre. Residents had access to independent advocacy services and a number of residents were using these services at the time of inspection.

Residents' views on the running of the centre were sought through regular surveys of residents and their relatives. The inspector reviewed a sample of responses and found that these were mainly positive. Regular residents meetings were held in the centre and two of the residents, who were nominated as resident ambassadors, attended these meetings. From a review of minutes of these meetings, it was evident that social outings such as a visit from a local pet farm, barbeques were held and plans were underway to prepare for the upcoming jazz festival.

The next two sections of the report will present findings in relation to governance and management in the centre and how this impacts on the quality and safety of the service being delivered.

Capacity and capability

The inspector found that overall, there were good governance and management

systems in this centre. The registered provider ensured that the service was appropriate to the needs of the residents. Strong leadership and a well-established management team focused on maintaining a safe and comfortable environment for residents, whilst also respecting their individual rights and preferences.

The centre is owned and managed by Haven Bay Care Centre Limited who is the registered provider. There are three company directors, one of whom is the nominated person representing the provider and who has an active role in the management of the centre. There was a clearly defined overarching management structure in place. The centre had a full time operations manager who was responsible for the operational management of the centre. The person in charge was full time in her role and was responsible for oversight of clinical care in the centre. The person in charge was supported in her role by an assistant director of nursing, two clinical nurse managers, senior staff nurses and a team of nursing staff and health care assistants. The centre also had a team of activity staff led by an activities co-ordinator. This team had increased since the previous inspection with a new activity co-ordinator assigned to the Armada unit. The household staff team was led by a housekeeping supervisor who also ensured that there good oversight of environmental and equipment cleaning in the centre. Staff had a good awareness of their defined roles and responsibilities. Staff members spoken with told the inspector that the management team was supportive of their individual roles. Staff were well-supervised in their roles. The registered provider ensured there was sufficient and safe staffing levels to meet the assessed needs of the residents and to support a social and activities programme.

There was a comprehensive induction programme in place. The provision of training in the centre was good, with staff being up-to-date with relevant training, such as safeguarding of vulnerable persons, fire safety and infection control. Each floor conducted regular simulations of scenarios such as cardiopulmonary resuscitation, fire evacuation drills, management of falls and management of COVID-19 outbreaks so that staff were confident and competent in these practices should they occur. A sample of staff personnel files reviewed by the inspector indicated that they were maintained in compliance with regulatory requirements. These files provided evidence of robust recruitment and retention of staff, and evidence of performance appraisals.

The management team met on a daily basis and formal governance and management meetings were held such as clinical governance meetings and health and safety meetings to ensure oversight of the service by the management team. There was evidence of good management systems in place to monitor the quality and safety of the service. A schedule of clinical and environmental audits evaluated key areas such as infection control practices, residents' care plans, medication management and wound care management. Safety pause meetings were held on each floor with both day and night staff each month to discuss key risks to residents. There was a system in place for the multidisciplinary review of falls for residents to identify causes and trends and reduce the risk of recurrence. Each floor held regular risk management meeting where incidents such as falls, episodes of responsive behaviours were reviewed and any areas for improvement identified. Oversight of residents with weight loss was monitored and reviewed at nutrition

meetings on each floor. The quality of care was monitored through the collection of monthly data, such as monitoring the use of bedrails, antimicrobials, and the incidence of wounds, infections, residents with high nutritional assessment scores and falls. Analysis of the information gathered through these systems was used to improve residents' care. The provider had engaged with an external expert to provide guidance and training for staff on food wastage, modified diets and meals to further improve the food choices and dining experience for residents in July 2022. There was evidence of consultation with residents on the running of the centre through surveys and monthly residents meetings.

A review of the complaints log and from speaking with residents showed that complaints were investigated and managed in line with the centre's own policy and procedures. Incidents were reported to the Office of the Chief Inspector in line with regulatory requirements. A comprehensive annual review of the quality and safety of care provided to residents in 2021 had been prepared in consultation with residents.

Regulation 15: Staffing

From a review of staff rotas and from speaking with staff and residents, the inspector was assured that the registered provider had arrangements in place to ensure that appropriate numbers of skilled staff were available to meet the assessed needs of the 114 residents living in the centre on the day of the inspection.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge ensured that staff had access to appropriate training. There was a monthly training schedule in place where important training such as fire safety, safeguarding vulnerable adults at risk of abuse, responsive behaviours training, end of life care and infection prevention and control training was scheduled. Nursing staff had completed training on wound care management since the last inspection. The inspector saw that staff were appropriately supervised. The training matrix was examined and there was evidence that mandatory training was completed by staff.

Judgment: Compliant

Regulation 19: Directory of residents

An updated directory of residents was maintained in the centre. This included all of

the information as set out in Schedule 3 of the regulations.
Judgment: Compliant
Regulation 21: Records
Information specified in Schedule 2 of the regulations was in place in a sample of staff files reviewed by the inspector.
Judgment: Compliant
Regulation 23: Governance and management
<p>There was a clearly defined, overarching management structure in place and staff were aware of their individual roles and responsibilities. The management team and staff demonstrated a commitment to continuous quality improvement through a system of ongoing monitoring of the services provided to residents. The centre was well-resourced, ensuring the effective delivery of care in accordance with the statement of purpose.</p> <p>A comprehensive annual review of the quality and safety of care provided to residents in 2021 had been completed with targeted action plans for improvement set out for 2022. The review also contained feedback and consultation with residents and their representatives.</p>
Judgment: Compliant
Regulation 24: Contract for the provision of services
From a review of a sample of residents' records, it was evident to the inspector that residents had a contract of care which detailed the fees to be charged and fees for any additional services that the resident may require.
Judgment: Compliant
Regulation 31: Notification of incidents
A record of all incidents occurring in the centre was maintained and all required

notifications were submitted to the Chief Inspector within the time frames as stipulated in Schedule 4 of the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

Residents who spoke with the inspector were aware how to raise a concern or make a complaint at the centre. The centre's complaint's procedure was displayed in the centre and included a nominated complaints officer. Complaints were seen to be recorded and included the outcome and whether the complainant was satisfied with the outcome.

Judgment: Compliant

Regulation 4: Written policies and procedures

The centre had a suite of written policies and procedures to meet the requirement of schedule 5 of the regulations. The inspector saw that these were updated every three years as required.

Judgment: Compliant

Quality and safety

Supportive and caring staff promoted and respected residents' rights to ensure that they had a good quality of life in this centre. Residents' needs were being met through good access to health care services and opportunities for social engagement. However, the inspector found some issues identified in relation to care planning and assessment and fire safety required action as outlined under the relevant regulations.

Staff supported residents to maintain their independence where possible and residents' healthcare needs were well met. Residents had good access to general practitioner (GP) services who were onsite three days a week and reviewed residents regularly and as required. Residents also had good access to health and social care professionals such as dietetics, physiotherapy and speech and language therapy. Where medical or specialist practitioners had recommended specific interventions, nursing and care staff implemented these. A community nurse with specialist expertise in palliative care was in the centre on the day of inspection to

review residents as required.

The inspector reviewed a sample of care plans and found that nursing staff completed a comprehensive assessment of residents' health, personal and social care needs on admission. Validated assessments tools to assess residents' risk of falls, malnutrition and pressure ulcers were completed by staff and used to inform care plans. While care planning was person-centred and residents' needs were assessed using validated tools to inform care plans, some action was required in relation to care planning and assessment as outlined under regulation 5.

The inspector saw that behaviour support plans were in place for residents with responsive behaviours and the inspector saw staff engage with residents in a dignified and respectful way during the inspection. Residents living in the centre had access to services provided by a dementia champion who supported staff and residents with assessment and care planning for residents with responsive behaviours. Residents in the centre also had access to psychiatry of later life services.

Residents' hydration and nutrition needs were assessed, regularly monitored and met. There was sufficient staff available at mealtimes to assist residents with their meals. Residents with assessed risk of dehydration, malnutrition or with swallowing difficulties had appropriate access to a dietitian and to speech and language therapy specialists and their recommendations were implemented.

The inspector found that there were effective structures in place for the implementation of infection prevention and control standards. The inspector saw that the environment and equipment seen in use in the centre was clean on the day of inspection. The inspector saw that there was good monitoring of standard and transmission based precautions and high compliance reported in audits were reflected in the findings of the inspection. The centre had managed an outbreak of COVID-19 in January to February 2022 by implementing their contingency plan and increasing communication with staff, residents and visitors. Residents' needs had been met throughout the outbreak with the support of General Practitioner (GP) reviews and with good liaison with the Health Service Executive (HSE) infection control team, who visited the centre to provide support and advice. Risk assessments had been completed for actual and potential risks associated with COVID-19 and the provider had put in place many controls to minimise the risk of harm to residents and staff. The person in charge had completed a retrospective review of the COVID-19 outbreak which identified areas that had worked well, and areas for improvement.

The inspector saw that the premises were well maintained and promoted the independence and wellbeing of residents. There were plenty communal and private spaces for residents use and access to beautiful outdoor spaces.

The centre's risk register was well maintained with environmental and clinical risks identified and assessed, and measures and actions in place to control the risks. Systems were in place to monitor fire safety procedures. Fire safety equipment was serviced on an annual basis and quarterly servicing was undertaken on emergency

lighting and the fire alarm. Fire safety training had been provided to staff. Personal evacuation plans were in place for each resident. The inspector found that staff were knowledgeable and clear about what to do in the event of a fire and regular evacuation of compartments on each floor were undertaken to ensure staff could evacuate residents safely should a fire occur. However, action was required to ensure findings in relation to fire safety were addressed as outlined under regulation 28.

The quality of residents' lives was enhanced by the provision of a choice of interesting things for them to do during the day. There was a varied programme of activities available to residents. The inspector found that an ethos of respect for residents was evident and there appeared to be a warm and friendly atmosphere between residents and staff. Residents and relatives gave positive feedback regarding their quality of life and care in the centre. Residents' rights were seen to be respected in the centre.

Regulation 11: Visits

Visitors were welcomed in the centre and the inspector saw numerous visitors attending the centre on the two days of inspection.

Judgment: Compliant

Regulation 17: Premises

The premises were appropriate to the needs of the residents and conformed to the matters set out in Schedule 6 of the regulations. The premises and external gardens were well maintained with freely accessible outdoor spaces for residents and their relatives. The design and layout of the centre ensured that there were plenty communal and private spaces for residents' use along with their bedrooms. Bedrooms were spacious and decorated to meet individual residents preferences. There was a programme of ongoing maintenance in place that was undertaken by a team of maintenance staff.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents had a choice of menu at meal times. Residents were provided with

adequate quantities of nutritious food and drinks, which were safely prepared, cooked and served in the centre. Residents could avail of food, fluids and snacks at times outside of regular mealtimes. Support was available from a dietitian for residents who required specialist assessment with regard to their dietary needs. There was adequate numbers of staff available to assist residents with nutrition intake at all times. There were good systems in place to ensure that resident who required specialised diets received them.

Judgment: Compliant

Regulation 26: Risk management

There was a risk management policy in place to inform the management of risks in the centre. This contained reference to the five specified risks as outlined under regulation 26. There was a major incident emergency plan in place, in the event of serious disruption to essential services.

Judgment: Compliant

Regulation 27: Infection control

The registered provider ensured that the the procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority were implemented by staff. Up-to-date training had been provided to all staff in infection prevention and control, hand hygiene and in donning and doffing of PPE. There was good oversight of environmental and equipment cleaning in the centre. There was a monthly infection prevention and control committee that was attended by the management team; minutes reviewed indicated that key infection control risks were discussed and actioned at these meetings. For example, planning was in place to ensure residents and staff were scheduled for their next COVID-19 vaccine and influenza vaccine. Staff on each floor participated in COVID-19 simulations to ensure they were kept up-to-date with management of outbreaks should one occur.

Judgment: Compliant

Regulation 28: Fire precautions

The following findings required action by the provider to ensure adequate

precautions were in place and to protect residents against the risk of fire:

- Gaps in records in regard to daily checking of the centre's exits were noted, therefore the provider may not identify an obstruction in a timely manner.
- The inspector saw that there was no signage on two bedrooms where residents were using oxygen to alert staff in the event of fire, this was immediately addressed by the provider on the day of inspection
- A set of fire doors were noted to have a gap that would allow the spread of smoke to protected escape routes, this was immediately addressed by the provider on the day of inspection
- A fire exit from a sitting room did not have an appropriate break glass unit in place to allow for emergency evacuation, this was immediately addressed by the provider on the day of inspection.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

The inspector found mixed findings in relation to care planning and a number of issues with assessment and care planning required action. The inspector reviewed a sample of residents' records and found that assessments and care plans were not always updated in line with the requirements of the regulations and were also not updated following changes to the care needs of the resident. For example;

- a resident's comprehensive assessment had not been updated every four months in line with requirements,
- a resident's care plan did not accurately describe a resident's level of mobility to ensure that staff delivered appropriate care in line with their assessed need
- a resident with a high nutritional assessment risk score was not referred for a nutritional assessment to a dietitian in line with the centre's policy,
- an assessment tool completed to reflect a resident's risk of developing a pressure ulcer was not accurately recorded.

These findings could result in errors in care provided.

Judgment: Substantially compliant

Regulation 6: Health care

The medical and nursing needs of residents were well met in the centre. There was

evidence of good access to medical practitioners, through residents' own GPs and out-of-hours services when required. Systems were in place for residents to access the expertise of health and social care professionals through a system of referral, including speech and language therapists, dietitian services and tissue viability specialists. Residents who were at end of life had access to palliative care specialist nursing team as required. Access to a mobile diagnostic unit enabled residents to have x-rays within the centre if required. There was improvement evident in wound care management in the centre and good oversight was maintained by the management team of wound care assessments and management.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The inspector found that residents who presented with responsive behaviours were responded to in a dignified and person-centred way by staff. Staff were up-to-date with relevant training. The inspector saw that alternatives to bed rails such as low-low beds and crash mats were in use resulting in a very low level of bed rail use in the centre. The centre engaged the services of a dementia champion who facilitated assessments and supported care planning to recognise triggers for residents with responsive behaviours.

Judgment: Compliant

Regulation 8: Protection

The registered provider took all reasonable measures to protect residents from the risk of abuse. An updated safeguarding policy was in place. Staff spoken with were knowledgeable regarding what may constitute abuse, and the appropriate actions to take, should here be an allegation of abuse made. Prior to commencing employment in the centre, all staff were subject to Garda (police) vetting. The registered provider facilitated staff to attend regular training in safeguarding of vulnerable persons. Allegations and or incidents of abuse were reported and investigated by the person in charge. Residents were supported to access independent advocacy services when required.

Judgment: Compliant

Regulation 9: Residents' rights

Overall, residents' right to privacy and dignity were well respected. Residents were afforded choice in their daily routines and had access to individual copies of local newspapers, radios, telephones and television. Independent advocacy services were available to residents and five residents were actively engaged with these services. There was evidence that residents were consulted with and participated in the organisation of the centre and this was confirmed by residents' meeting minutes, satisfaction surveys, and from speaking with residents on the day. Two residents were nominated as resident ambassadors and raised issues on behalf of other residents with management and staff as required.

A schedule of diverse and interesting activities were available for residents. This schedule led by a dedicated activity co-ordinator and was delivered by dedicated activity staff over seven days. The inspector reviewed the range of activities on offer to the residents and noted that these reflected residents' interests and capabilities. The provider had purchased a seven seater vehicle that was used to take small groups of residents on outings or for individual residents to go out for a drink to local public houses.

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 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially 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-0037656

Date of inspection: 29/09/2022

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 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Daily checking of exits doors to be clearly documented. Audits of same in place.</p> <p>30th September 2022</p>	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan: Residents assessments moving from paper based system to electronic. Same to be audited regularly. To be completed 30/11/22. All changes in residents needs to be updated on a daily basis and audited. 30/11/22 Clinical risks and actions required to be audited regularly. 30/11/22</p>	

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 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Substantially Compliant	Yellow	30/09/2022
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	30/09/2022
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	Substantially Compliant	Yellow	30/11/2022

	intends to be a resident immediately before or on the person's admission to a designated centre.			
--	--	--	--	--