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:	Cois Abhainn Residential Centre
Name of provider:	Health Service Executive
Address of centre:	Greencloyne, Youghal, Cork
Type of inspection:	Unannounced
Date of inspection:	22 August 2023
Centre ID:	OSV-0000583
Fieldwork ID:	MON-0039137

About the designated centre

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

Cois Abhainn Residential Care is a designated centre operated by the Health Service Executive (HSE) and is located within the outskirts of Youghal town with nearby amenities of shops, banks, churches and walkways. It is registered to accommodate a maximum of 26 residents. It is a single storey building configured in a rectangle which encloses a large garden with walkways, shrubberies and flower beds. The enclosed garden can be viewed from many of the bedrooms. Bedroom accommodation comprises single and twin bedrooms, all with wash-hand basins. There are six communal toilet facilities; two twin bedrooms have en suite toilet and wash-hand basins; two twin bedrooms share toilet and wash-hand basin facilities. There are two showers and one bathroom facilities available. Communal areas comprise a day area to the left of reception and the dining area located to the right of main reception; there are two other smaller sitting rooms and an oratory for quiet reflection. Cois Abhainn Residential Care provides 24-hour nursing care to both male and female residents whose dependency range from low to medium care needs. Long-term care, convalescence, transitional care and respite care is provided.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	17

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 22 August 2023	09:00hrs to 17:30hrs	Breeda Desmond	Lead

What residents told us and what inspectors observed

There were 17 residents residing in Cois Abhainn at the time of inspection. The inspector met with many residents during the inspection to gain insight into their experience of living in Cois Abhainn. Residents spoken with gave positive feedback and were complimentary about staff, and while they reported that the quality of food was good, they said they would like greater menu choice. Some felt that residents' meetings could be more effective as they thought that their meetings did not really influence the running of the centre. Nonetheless, the main topic of conversation was the recent Ironman festival held in Youghal the weekend before the inspection. Residents were fully conversant about the impact the weather had on the events along with the associated tragedies. Some had gone into town to see the events while others chose to stay in the centre as the weather associated with the recent storm was still apparent and too wild for them to venture out.

Cois Abhainn was a single-storey building laid out in a rectangle which enclosed a large garden. The main entrance was wheelchair accessible and led to a small enclosed porch where the centre's risk management procedures of hand hygiene and a signing in process were located. Beyond this was a foyer with comfortable seating by a dresser for residents to sit and enjoy the comings and goings of the centre. There was a lovely 'Welcome' sign with directional signage to orientate residents and visitors to the centre. The main fire alarm system, registration certification, suggestion box and complaints procedure were displayed in the foyer. The large old fashioned clock displayed the time and could be easily seen by residents. There was a large white board with information for residents such as the activities programme, meal times, information on SAGE advocacy and bus times. The seating area at the entrance to the enclosed garden was a beautiful spot were residents were observed to sit and relax, take phone calls or read. Residents said it was a suntrap and said they loved space.

From the foyer, the dining area was on the right and the main day room area to the left. The nurses' office was to the left, and offices of the person in charge and administration were on the left beyond the day room. Residents' bedroom accommodation was located on adjoining corridors to the right and left of the centre.

Orientation signage was displayed around the building to ally confusion and disorientation. Handrails were on both sides of corridors. Call bells were fitted in bedrooms, bathrooms and communal rooms. Emergency call bells were located along corridors should residents or staff require urgent attention.

The dining room was a lovely bright space with views of the main entrance on one side and the garden on the other side. Dining tables were circular and could seat four residents. Tables were set for residents' breakfast and there were seven resident enjoying their breakfast upon the inspector's arrival to the centre, and residents were seen coming and going to the dining throughout the morning. The

chef was observed to go around to residents later in the morning explaining the menu choices of the day. Snacks and beverages were offered at 11:00hrs,15:00hrs and again at 20:30hrs. Later in the morning, tables were set for dinner with glasses, cutlery, napkins and condiments. Meals were seen to be served appropriately and staff chatted with residents during their meal to ensure they were happy with their food. Mealtime was relaxed and was seen to be a social affair where residents met up with their friends and chatted. A few residents chose to have their meal in their bedrooms and this was facilitated.

The main day area was a bright space with similar views as the dining room. Many of the residents commented on how beautiful the enclosed garden was looking, with the flowering shrubs, colourful benches, and the array of small birds feasting from the bird feeders. There was ample space and comfortable seating and foot rests for residents to enjoy and relax. There was a large flat screen TV and music centre for residents. Other communal space included the small sitting room with flat screen TV, comfortable seating and book shelves with a variety of books. There was a larger sitting room on the back corridor with flat screen TV, comfortable seating, a computer for residents and a specialist magnifying viewing screen to enable residents' with very poor eyesight to read. The oratory for residents to enjoy peace and reflection was also located on the back corridor; it had new seating for residents' comfort. The hairdressers room was along the corridor to the right and the hair dresser visited the centre on request. Artwork decorated the corridors as well as old and historical photographs of Youghal and the surrounding areas.

Residents' bedroom accommodation comprised 18 single and four twin rooms. The twin bedrooms had toilet and wash-hand basin shared facilities; single rooms had a wash-hand basin in their bedrooms. There were two shower rooms and one assisted bathroom with specialist bath available to residents. Toilet facilities were located near communal areas and residents' bedrooms.

Bedrooms could accommodate a bedside locker and armchair; bedrooms had TV's enabling residents to enjoy their programmes in private when they chose. Residents had double wardrobes and cupboards for storage and hanging their clothes. Profiling and low low beds with specialist pressure relieving mattress were seen in residents' bedrooms.

The inspector observed that staff knocked on residents' bedroom doors before entering, then greeted the resident by name in a friendly manner, and offered assistance. The inspector observed that residents were well dressed and appeared comfortable and relaxed.

Following the findings of the last inspection, the duties of multi-task attendants (MTA) were segregated to ensure safety of residents in that, one MTA was responsible for household and cleaning duties, and the second MTA was responsible for providing assistance with residents' personal care and then assisted with mealtimes, served residents in the dining room as well as in their bedrooms and offered snacks mid-morning and mid-afternoon. This was observed on inspection.

The schedule of activity for the week was displayed on the notice board by the day

room and the second notice board on the back corridor. An external activities company visited the centre twice a week on Tuesdays and Fridays; there was live music on Wednesdays; and the other days, staff were allocated to the activities programme. Residents were listening to mass on the radio in the day room during the morning walk-about. Following this, the external activities provider facilitated a range of activities. The activities person visited residents in their bedrooms and other day rooms, inviting them to the activities in the main day area. Residents said that this activities person was great and enjoyed the games and exercises; one resident won in bingo, a game they never played before coming into the centre and really enjoyed the fun. Throughout the day residents were seen to go into the enclosed garden to walkabout or sit and enjoy the sunshine and chat with their friends. Some residents were seen to use the garden as a short cut to get from one side of the building to another. All doors to the garden and external doors were open enabling independent access to the outdoors. Even though this was a smoke-free campus with a designated smoking area for people who wished to smoke, a resident was observed vaping inside the building on the corridor alongside other residents.

In the afternoon, residents generally preferred to read the paper or relax following their dinner. One resident preferred to go to the back sitting room to read the paper quietly alone. Later in the afternoon, the MTA asked residents to the main day area for activities, but most chose to do their own thing; three ladies came to the day area and the MTA facilitated manicures and hand massage.

Visiting were seen coming and going throughout the day. Visiting was facilitated from 09:30 am; some visitors took their relative out and others visited in the resident's bedroom or sat in the garden enjoying the sunshine. Visitors were known to staff who welcomed them and actively engaged with them.

Wall-mounted hand sanitisers were available throughout the centre along with advisory signage showing appropriate usage. The centre was visibly clean and tidy. Rooms such as the treatment room, cleaners room and sluice room were clean and tidy and did not have any inappropriate storage. Medication trolleys were locked and securely attached to the wall. The medication fridge was locked. Medications stored within were appropriately dated when opened. Dani centres were available throughout the centre to store personal protective equipment (PPE) such as disposable gloves and aprons. The housekeeping, laundry and sluice room had separate hand-wash sinks with hands-free taps. Cleaning trolleys facilitated the storage of clothes to enable household staff to change cleaning cloths and floor mop-heads between rooms. There were two washing machines and one industrial dryer in the laundry. One washing machine was designated for cleaning mop-heads and other cleaning cloths; the second washing machine was used for residents' personal clothes. Bed linen laundry was outsourced.

Appropriate signage was displayed on rooms where oxygen was stored and used. Emergency evacuation plans were displayed in the centre and orientated appropriately so the display correlated with their relevant position in the building. Emergency exit routes and fire door exits were being upgraded at the time of inspection where some double doors were removed on short corridors to enable

easier access to the exit doors as they impeded wheelchair evacuations. Cosmetic work of painting and re-plastering was scheduled following completion of these upgrades.

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

Capacity and capability

While there was a clear governance structure for Cois Abhainn, some of the management systems in place did not provide assurance that residents were safeguarded and required action.

Cois Abhainn Residential Centre was a residential care setting operated by the Health Services Executive (HSE) providing accommodation for low to medium dependency residents. It was registered to accommodate 26 residents. The organisational structure comprised the nominated person representing the registered provider – the general manager for the CH04 HSE area, the person in charge and senior nurse who deputised for the person in charge. The person in charge was responsible for the day-to-day running of the centre and was supported in her role on site by senior nurses, care and catering staff, and administration staff.

The inspector reviewed the actions from the previous inspection and found that the following regulations were addressed: contracts of care, segregation of duties for multi-task attendants (MTAs), allocation of staff to the activities programme. Issues identified regarding complaints, safeguarding, information relating to residents' temporarily absent from the centre, resident care documentation of assessment and care planning remained outstanding. On this inspection, further action was necessary regarding regulations relating to safeguarding, submission of notifications and implementation of Schedule 5 policies into practice.

The statement of purpose required updating to ensure it reflected the requirements as specified under Schedule 1 of the regulations. Contracts of care were updated since the last inspection to ensure they reflected a rights-based approach to service delivery.

While a variety of clinical audits were scheduled via the Viclarity audit programme and completed on a monthly basis, these did not identify shortfalls in areas such as residents' care records and implementation of policies to ensure a safe service for example. Evidence of this is discussed throughout the report.

While training records showed that safeguarding training was up to date for all staff, evidence showed that some information available was not followed up appropriately, to ensure all residents were protected.

There were no volunteers supporting Cois Abhainn at the time of inspection. Staff levels were adequate to the size and layout of the centre. Following the findings from the last inspection, the duty roster was changed and now implemented into practice whereby staff were allocated to a designated role on a daily basis, thus minimising the risk of cross infection. That is, one MTA was allocated to household and cleaning duties and the second allocated personal care assistance, serving snacks and meals, and responsible for activities.

Some notifications were not submitted within the required time-lines as specified in the regulations. Other incidents requiring notification were not recognised as safeguarding concerns and consequently not notified in accordance with regulatory requirements.

While complaints were recorded, they required further attention to ensure they were recorded in line with regulatory requirements.

Regulation 14: Persons in charge

The person in charge was full time and had the necessary experience and qualifications as required in the regulations.

Judgment: Compliant

Regulation 15: Staffing

On the day of inspection there were 17 low to medium dependency residents in Cois Abhainn.

The proposed staff roster for 26 residents was:

- person in charge 8am – 4pm Monday - Friday
- deputy person in charge 8am – 4pm Monday - Friday
- registered nurses 8am – 8:15pm x 2 Monday – Sunday [2nd nurse - times varied depending on residents being admitted for respite care]
- chef x 1 8am – 5pm
- administration x 1 9 - 5
- multi-task attendants x 2 8am – 8pm [MTAs role and responsibilities included personal care delivery, assistance with meals and snacks, and cleaning duties].

Judgment: Compliant

Regulation 16: Training and staff development

Staff training records were reviewed and all staff training was up-to-date for mandatory and other training. Further training was scheduled to ensure training remained current.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents was updated on inspection as follows:

- template edited to include the ability to record the temporary absence of a resident
- information relating to the history of temporary absence of residents to another care facility
- cause of death of one resident.

Judgment: Compliant

Regulation 21: Records

Schedule 3 Records (records to be kept in a designated centre in respect of each resident) were not maintained on site in the designated centre in line with regulatory requirements. One resident was recently discharged to a nursing home as their care needs increased. Following transfer to the nursing home a vacancy became available in another HSE centre which was the preference of the resident; the resident was subsequently discharged from the nursing home and admitted to the HSE centre for long term care. Following which, the resident's care records from Cois Abhainn were requested and given to the HSE centre. This was not in keeping either with the HSE policy regarding maintaining records on site or in compliance with regulatory requirements.

Judgment: Substantially compliant

Regulation 23: Governance and management

Some managerial systems were not sufficiently robust to ensure the service was

safe, appropriate and effectively monitored as evidenced by:

- there was a lack of recognition of possible safeguarding concerns, and associated notifications were not submitted as required
- the system for submitting notifications was not robust as other notifications were not submitted within the time-lines specified in the regulations
- clinical audits did not identify continuous errors in care planning records
- the directory of residents was not updated following the findings of the last inspection and repeat deficits were identified on this inspection (these were remedied on this inspection)
- there was non-implementation of their non smoking policy as previously described in the report.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

Contracts of care were examined and these included details of the care needs facilitated in the centre of low to medium dependency. It provided clear information to residents on re-assessment and future discharge planning should the need arise if their care needs increased.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose required upgrading to include the following:

- the current governance and management structure
- room descriptors to reflect the shared bathroom facilities between twin bedrooms
- include the wash hand basin in the dining room washroom
- descriptors for visiting, admission protocols and criteria regarding COVID19 pandemic precautions to reflect current HPSC guidance
- complaints procedure reflective of the change in legislation
- changes to the information on the confidential recipient.

Judgment: Substantially compliant

Regulation 30: Volunteers

There were no volunteers to Cois Abhainn at the time of inspection.

Judgment: Compliant

Regulation 31: Notification of incidents

Action was required to ensure that notifications were submitted in line with regulatory requirements as:

- there were delays in submitting three notifications within the required three-day period
- some safeguarding concerns were not notified as required.

Judgment: Not compliant

Regulation 34: Complaints procedure

The complaints procedure displayed in the centre did not reflect the change in legislation regarding complaints.

Recorded complaints were examined; while some had the outcome and whether the complainant was satisfied with the outcome, others did not have this detail or follow up to ensure the complaint was satisfied, in line with specified regulatory requirements.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

Action was required to ensure Schedule 5 policies and procedures were updated in line with changes to legislation, and implemented into practice to ensure care was delivered in line with current best practice:

- policies such as the complaints policy was not updated to reflect the change to legislation in 2022
- the smoking policy was not adhered with as one resident was observed vaping in the building in a communal location and in the presence of other residents
- the policy relating to incident risk management was not adhered with regarding completion of the HSE national incident management form (NIMs)

relating to safeguarding incidents in the centre.

Judgment: Substantially compliant

Quality and safety

In general, the inspector observed that the care and support given to residents was respectful; staff were kind and were familiar with residents preferences and choices and facilitated these in a friendly manner.

Residents had access to SAGE advocacy and care documentation showed that people were supported to access this service in accordance with their choice. Records were maintained of additional activities to show that residents were facilitated to engage in accordance with their wishes and preferences. A named staff was allocated to activities on a daily basis and the activities notice included detail of the activities programme throughout the day. The residents' guide had the requirements as specified in the regulations.

Consent was routinely obtained from residents for interventions and care documentation, in line with a rights-based approach to care. The daily narrative to provide updates on the resident's status gave good detail on the resident's well-being, their responses to interventions including pain management, supports and care provided. A sample of residents care plans and assessments were reviewed and showed that these were not updated in accordance with known details; neither did the formal four-monthly reviews of the care records capture this information. While behavioural support records were seen, they were not analysed to determine the possible cause of behaviours to enable mitigating factors to be implemented.

Safety pauses were facilitated on a daily basis where updates were given on residents' status, appointments, highlighting risk such as residents on antibiotics and those at high risk of falls.

The GP attended the centre routinely as well as residents visiting the GP in their surgery in accordance with their preference and choice. Medication administration records were comprehensively maintained in the sample examined. Records demonstrated that there was ongoing review of prescriptions along with residents' responses to medication to ensure best outcomes for residents.

The national transfer letter template was in place, however, this was inappropriately completed following admission, and this practice required review to ensure that when a resident was transferred to another centre, the information supplied would be contemporary to enable care to be delivered in accordance with the resident's needs.

The service was a pension agent for some residents at the time of inspection. Records shown demonstrated a robust system for safeguarding residents' finances.

Quarterly bank statements were available to residents. The records relating to a recently discharged resident showed that their account was settled and monies immediately transferred with the resident. The service liaised with the solicitor for a recently deceased resident's estate to ensure monies were appropriately and timely returned to their estate.

While staff had completed up to date training regarding protection, information detailed in a resident's notes was not recognised as a safeguarding concern and not investigated as such.

Regulation 10: Communication difficulties

Residents with visual impairment had access to a specialist magnifying viewing screen to enable residents' with very poor eyesight to read, in line with their preferred interest. A resident said that this was of enormous benefit to their quality of life.

Judgment: Compliant

Regulation 11: Visits

Information pertaining COVID-19 precautions was displayed at the entrance to the centre and hand hygiene infection control precautions were in place on entering the building. Visitors were seen coming and going to the centre from 09:30am and throughout the day. Residents were seen sitting in the garden in the sunshine with their visitors; others visited their relative in their bedroom.

Judgment: Compliant

Regulation 12: Personal possessions

Residents had access to adequate personal storage space in their bedrooms with a double wardrobe, chest of drawers and bedside locker. Residents' personal laundry was done on-site and residents did not raise any issues with the laundry services provided.

Judgment: Compliant

Regulation 17: Premises

The following issues were identified for action to ensure the premises was in accordance with the statement of purpose for Cois Abhainn:

- privacy curtains in twin bedrooms were cumbersome and difficult to use and could not be used independently by residents due to their structure and the requirement to release at least 10 breaks to activate them; one resident reported that they could not use them independently,
- upgrades to fire doors and evacuation exits were ongoing at the time of inspection as double swing doors were removed from short corridors. Following removal of the swing doors, walls required re-plastering and painting.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Mealtimes were observed and meals were pleasantly presented and looked appealing, nonetheless, residents said they would like different choices for their meals.

Judgment: Substantially compliant

Regulation 20: Information for residents

The residents' guide was available to residents and visitors and detailed the requirements as specified in the regulations.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

The national transfer letter template was in place, however, this was generally completed following admission and detailed the status of the resident at the time of completion, rather than the status of the resident when they became acutely unwell. For example, the records included the nutritional status of the residents, however, should a resident suffer a stroke for example, this status could change and the receiving service would receive mis-information regarding the care needs of the

resident. This was a repeat finding. The transfer letter of another resident who was transferred to acute care was not comprehensively completed to enable the receiving facilitate care for the resident in accordance with their current needs to enable best outcomes for the resident.

Judgment: Not compliant

Regulation 28: Fire precautions

The following required action to ensure compliance with fire safety:

- while fire drills and evacuations were completed, full compartment evacuations had not been completed to be assured that this could be done in a timely and safe manner
- occasionally daily fire safety checks were not completed to be assured that all emergency evacuation routes were free of obstruction
- fire doors and escape routes were being upgraded at the time of inspection; a fire compliance report from a suitably qualified person was requested to be assured that the upgrades were in compliance with regulatory fire safety precautions.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

A sample of medication administration charts were reviewed and administration records were comprehensively maintained. Controlled drug records showed that drugs were checked in line with professional guidelines and the drug count was correct.

An antibiotic log was maintained as part of individual medication records, with the name of the antibiotic, dosage, reason for prescription; this easy reference provided oversight of the antibiotic prescribing history for the resident.

Residents' documentation also had signed consents for vaccinations including COVID-19.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Action was required to ensure residents' assessment and care planning documentation reflected the needs of residents and outlined the care required by the resident as this inspection identified that:

- the information within one resident's chart did not correlate with their social history and did not reflect the potential impact this could have on their care needs
- several behavioural support incidents were recorded but they did not consider the social history as possibly impacting the resident's behaviour, therefore an appropriate care plan was not in place to meet the residents needs
- while formal reviews were undertaken in line with regulatory time-lines, the assessments and care plans were not updated to reflect the resident's social care needs
- formal evaluations of care planning and behavioural support plans did not reflect the role and responsibility of staff regarding safeguarding the resident
- on the admission records of one resident it stated the resident history included safeguarding concerns, however, the concern was not detailed either in their admission information or throughout their care documentation, consequently, no control measures were implemented to ensure the safety of the resident
- one resident had additional nutrition care needs, however, the only question answered in their choking assessment was their history of aspiration, so it could not be determined the supports the resident required to ensure their nutritional needs were met.

Judgment: Not compliant

Regulation 6: Health care

Residents had timely access to medical services, including consultant psychiatry and geriatrician services. Resident notes showed that residents had timely referrals and reviews by allied health professionals and community services. Records showed effective oversight of residents' condition, medication management and responses to medications.

There was a comprehensive record maintained of referrals to specialist services and dates when residents attended these services, and appointments scheduled, so it was an easy reference guide for staff and medical staff to track this relevant information.

Judgment: Compliant

Regulation 8: Protection

The inspector found that comprehensive measures were not taken in the centre to safeguard residents.

While training records showed that staff had up to date training relating to safeguarding, there was evidenced during the inspection that some safeguarding concerns were not recognised as such by the management team. Consequently, issues were not investigated and mitigating action was not implemented to safeguard all residents.

Judgment: Not compliant

Regulation 9: Residents' rights

Residents' activities programme showed that residents had access to activities over seven days a week. An external activities company provided activities two days a week, live music was held once a week and the priest said mass on site on a weekly basis. The MTA was assigned to activities on a daily basis. Residents reported that activities staff visited them in their bedrooms inviting them to the activities in the main day room.

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 19: Directory of residents	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence or discharge of residents	Not compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Cois Abhainn Residential Centre OSV-0000583

Inspection ID: MON-0039137

Date of inspection: 22/08/2023

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 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: With immediate effect, all resident's care record will be kept on site for 7 years in compliance with record retention regulation and the HSE records retention policy. Staff members have been informed that the records should not be transferred between the HSE facilities.	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Safeguarding concerns were reviewed by PIC and Preliminary assessment was done and submitted to safeguarding team. Notifications were submitted to HIQA as required. NIMS completed and submitted as required. It was discussed and reviewed by Quality and Safety Advisor. Staff members were informed about the importance of reporting concerns immediately they are raised or observed which helps ensure Resident safety and to submit notifications according to the regulatory requirements. Residents were encouraged to voice any concerns to staff member at any time. The PIC meets with individual Residents daily which allows them further opportunity to express any concerns. Resident's meeting was held on 11th October 2023 and safeguarding was included in the agenda. All staff have attended Mandatory training for safeguarding Vulnerable Adult. An additional staff member has been booked for designated officer, Safeguarding Vulnerable Adult training on 8th November 2023. It will be logged in the staff training records. Policy	

on Safeguarding Vulnerable Adult was reviewed on 9\10\ 2023 and is communicated with staff members. An audit of safeguarding practices and policy compliance was done on the 9\10\2023 and the findings are managed by PIC. Further to the review of care records, care plans will be audited in October 2023. This audit is currently in progress. The outcome of the Clinical audit of care records will be reviewed by the PIC who will implement a robust action plan to address issues identified. A CNM2 will be recruited to support current Governance and management system. Staff meeting is organized on 17.10.203. PIC and staff members will be vigilant to adapt non-smoking policy, however Residents who wish to smoke will be accommodated to do in a safe manner whilst protecting the comfort of other Residents. Any concerns or observations will be discussed at the daily safety pause. Risk assessments are performed for resident's who wish to smoke. Smoking policy was also explained to residents at Residents meeting. Resident's Directory is now updated in line with regulatory requirements. Residents who are transferred in/out to acute hospitals or discharged are now recorded correctly, in line with regulatory requirements.

Regulation 3: Statement of purpose	Substantially Compliant

Outline how you are going to come into compliance with Regulation 3: Statement of purpose:
Statement of purpose is updated on 22nd September 2023 with current governance and management structure, bathroom facilities in shared rooms, hand wash facilities in dining room wash room, complaint procedure with current legislation and changes to the contact details of confidential recipient.

Regulation 31: Notification of incidents	Not Compliant

Outline how you are going to come into compliance with Regulation 31: Notification of incidents:
Staff members were informed about the importance of reporting concerns to PIC on time, to enable the appropriate notifications in line with HIQA requirements. In the absence of PIC, Senior nurse who is acting up in the position was informed about the procedure and HIQA reporting requirements to be followed regarding notification of incidents.

Regulation 34: Complaints procedure	Substantially Compliant

Outline how you are going to come into compliance with Regulation 34: Complaints procedure:
Local Complaint Policy is reviewed in conjunction with National YSYS policy. The Complaint policy and procedures has been updated to reflect the requirement of the relevant legislation as applies, including both S1652/2006 and SI628/2022.
The complaint procedure has been displayed in the Centre with the current changes in the legislation. Staff members were informed about the procedure to be followed to deal with complaints. Satisfaction of the complainant will be recorded in line with the HIQA regulatory requirement.

Regulation 4: Written policies and procedures	Substantially Compliant

Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:
Complaint policy is reviewed with the current changes in legislation and contact details of confidential recipient. Complaint Management process in HSE is displayed in the premises for staff, residents and visitors. Staff members were informed about the importance of reporting complaints to PIC in line with the complaints policy.
PIC and staff members will be vigilant to adapt non-smoking policy. Any concerns or observations will be discussed at daily safety pause. Advised residents who smoke, to adhere with smoking policy. Smoking policy will be explained to the residents at the time of admission which is included in the admission check list. PIC will ensure that all incidents relating to safeguarding will be reported as per policy. Safeguarding concerns will be discussed at daily safety pause and QPS meeting. All suspected or confirmed safeguarding incidents will be reported as per the HSE National incident Management form and safeguarding policy. Potential or confirmed safeguarding issues will be reported to HIQA accordingly. Staff members were informed to adhere with the policy and procedure of management of potential or confirmed safeguarding incidents.

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
Following removal of swing doors the wall has been re-plastered and painting will be completed as soon as the plastering dries.
In the point of infection prevention and control, curtains were changed in favour of easily

cleaned privacy screens on wheels. The screens or curtains, which can be independently used by the residents, will be provided as per their preference.

Regulation 18: Food and nutrition	Substantially Compliant

Outline how you are going to come into compliance with Regulation 18: Food and nutrition: It was informed to the Chef and kitchen staff that residents would like to have more choice. Following discussion with residents the Menu will be reviewed and more choice will be included as per the preferences of residents. Meanwhile, the Chef will meet each residents on daily basis and ensure that their choice were respected. It will be discussed at residents meeting and choices minuted.

Regulation 25: Temporary absence or discharge of residents	Not Compliant

Outline how you are going to come into compliance with Regulation 25: Temporary absence or discharge of residents: The Transfer letter has been amended to include personal information (eg. name, address, GP'S contact details) in advance. Transfer letter will be reviewed every 4 months or with the change in condition of resident. Other details relevant to meet the care needs of residents will be completed at the time of transfer. The nurse on duty will ensure that the transfer letter is completed comprehensively prior to the transfer of resident.

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions: All staff have been informed of the importance of daily fire safety check with details of how it should be recorded. PIC to ensure that it is done on daily basis. Fire safety check is now included in the daily safety pause. Additionally, the nurse on duty is allocated to check and document the Fire safety on daily basis. Full compartment evacuation was done on August 29th 2023 without incident and this has been recorded. Full compartment evacuation will also be conducted on regular basis. Compliance with

regulations has also been requested from the Fire Officer and this will be documented.

Regulation 5: Individual assessment and care plan	Not Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
The requirement to update care plans in line with the change of condition of a resident has been reiterated to all appropriate staff, including nurses. Care plans are scheduled to be reviewed every 4 months i.e. December, April, and August, or should the Residents condition change as per the legislation and regulations. This review has been incorporated into the Cork Community Hospitals Audit Schedule to ensure good practice. Auditing of care record is currently in progress, and will be completed by 31st October 2023.The findings of the audit is followed up by PIC and action plan put in place and communicated with staff members. The Care plans which did not meet the standard criteria is re-written.
All care plans will be reviewed in December 2023 and another audit will be conducted in January 2024 to measure the effectiveness of action plan.
Clinical Audit training Programme will be facilitated for staff by HSE, National Centre for Clinical Audit

Regulation 8: Protection	Not Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:
Safeguarding concerns were reviewed and followed up by PIC with the assistance of safeguarding Team leader safeguarding & protection. A preliminary assessment was done of the incident highlighted and was reviewed by the safeguarding team. Further to the review, it has been identified that there financial abuse did not occur on this occasion, however, the potential risk is identified. Risk assessment has been done and is updated with additional control measures. Staff members and residents were informed about the risk management measures. The Risk register has been updated and with the effect from November 2023, the Risk register will be reviewed on monthly basis by PIC or sooner if an issue presents. The findings will be escalated to QPS team for review as required. Potential risk of safeguarding discussed with Quality and Safety Advisor. It will be reviewed at next QPS meeting on 30th November 2023.PIC to ensure that any suspected or confirmed instances of abuse are managed and reported as per regulations. Onsite workshop was facilitated by the safeguarding and protection team member on 29th September 2023. Management of all safeguarding in the Centre are addressed with additional designated officer training and continued Staff vigilance. An additional staff

member has been booked for Designated officer, Safeguarding Vulnerable Adult training on 8th November 2023. Staff members have also been informed that it is their responsibility to report concerns on time. Policy on Safeguarding Vulnerable Adult was reviewed on 9.10.2023 and is communicated with staff members. An audit of safeguarding practices and policy compliance was done on 9.10.2023 and the findings are managed by PIC. Admission check list is updated. On admission, residents and relatives will be informed about safeguarding policy and procedures and it will be recorded. Safeguarding is included on daily safety pause which helps to identify any concerns in time.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Substantially Compliant	Yellow	15/10/2023
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	15/10/2023
Regulation 18(1)(b)	The person in charge shall ensure that each resident is offered choice at mealtimes.	Substantially Compliant	Yellow	02/10/2023

Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	20/09/2023
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	02/10/2023
Regulation 25(1)	When a resident is temporarily absent from a designated centre for treatment at another designated centre, hospital or elsewhere, the person in charge of the designated centre from which the resident is temporarily absent shall ensure that all relevant information about the resident is provided to the receiving designated centre, hospital or place.	Not Compliant	Orange	02/10/2023
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all	Substantially Compliant	Yellow	10/10/2023

	fire equipment, means of escape, building fabric and building services.			
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Substantially Compliant	Yellow	29/08/2023
Regulation 03(2)	The registered provider shall review and revise the statement of purpose at intervals of not less than one year.	Substantially Compliant	Yellow	22/09/2023
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.	Not Compliant	Orange	14/09/2023
Regulation 34(2)(b)	The registered provider shall ensure that the complaints procedure provides that complaints are investigated and concluded, as soon as possible and in any case no later than 30 working days after the receipt of the complaint.	Substantially Compliant	Yellow	29/08/2023

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 been upheld, the reasons for that decision, any improvements recommended and details of the review process.	Substantially Compliant	Yellow	29/08/2023
Regulation 34(2)(d)	The registered provider shall ensure that the complaints procedure provides for the nomination of a review officer to review, at the request of a complainant, the decision referred to at paragraph (c).	Substantially Compliant	Yellow	02/10/2023
Regulation 04(1)	The registered provider shall prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.	Substantially Compliant	Yellow	20/09/2023
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the Chief Inspector may require but in any event at intervals	Substantially Compliant	Yellow	20/09/2023

	not exceeding 3 years and, where necessary, review and update them in accordance with best practice.			
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to a designated centre.	Substantially Compliant	Yellow	20/09/2023
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	15/10/2023
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with	Not Compliant	Orange	15/10/2023

	the resident concerned and where appropriate that resident's family.			
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Substantially Compliant	Yellow	15/10/2023
Regulation 8(3)	The person in charge shall investigate any incident or allegation of abuse.	Not Compliant	Orange	20/09/2023