



# 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:	12 January 2022
Centre ID:	OSV-0000235
Fieldwork ID:	MON-0035542

## 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 three 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:	120
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Wednesday 12 January 2022	09:25hrs to 17:00hrs	Siobhan Bourke	Lead
Wednesday 12 January 2022	09:25hrs to 17:00hrs	Caroline Connelly	Support

## What residents told us and what inspectors observed

At the time of the inspection the centre was in the middle of a COVID-19 outbreak. Despite the outbreak a number of resident's who resided in Haven Bay Nursing care centre told inspectors that they were very happy living in the centre, it was a nice place to live and they felt that their rights were respected. Inspectors met a large number of residents throughout the day and spoke with ten residents in more detail.

In addition, inspectors met with visitors who had scheduled and compassionate visits. They confirmed that they were content despite the limitations of restricted visiting and physical distancing measures and were delighted to be able to see their family member. Overall, residents and relatives were very complimentary about the staff caring for them stating that they were very kind, pleasant and caring.

Inspectors arrived unannounced to the centre at 09.20hrs and were guided through the infection prevention and control measures necessary on entering the designated centre. These processes included hand hygiene, face mask wearing and temperature checks. Following an opening meeting with the management team, inspectors were accompanied on a tour of each section of the premises. Two units on the centre were designated as cohorted COVID-19 positive areas to care for residents affected by the outbreak, while the remaining units continued to function unaffected by the virus to date. In the other units the inspectors saw a number of residents were resting or watching mass in the communal areas or enjoying a cup of tea at the dining tables. In the COVID-19 positive cohorted areas residents were seen to be isolating in their bedrooms and residents who had finished their isolation period were enjoying the communal space. Inspectors saw that there was clear signage and physical barriers to the cohorted units reducing the risk of staff or residents entering the area inadvertently. Signage on hand hygiene, respiratory etiquette and mask wearing were displayed in prominent places throughout the centre to guide staff and residents alike. Inspectors saw that there was plenty hand hygiene dispensers and personal protective equipment available for staff throughout the centre.

Haven Bay Care Centre is a three-storey building that commenced operating in 2007 as a care centre. It is purpose built and residents are accommodated over three floors in 111 single bedrooms, and eight spacious twin rooms all of which have en suite facilities. There are a number of communal rooms located throughout the centre and are readily accessible. All sitting rooms are decorated to a high standard with comfortable seating throughout. There is good access to secure outdoor space from all floors and discussions with staff and residents indicated that this was utilised to its potential when the weather permitted. Inspectors 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 winter flowers and were well maintained. The centre was

found to be bright and clean throughout. There was a programme of preventive maintenance for equipment such as beds and hoists and the centre was in a good state of repair on the day of the inspection. The inspectors saw that many residents' bedrooms were highly personalized with memorabilia and residents had good access to televisions, radios, papers, magazines and a well stocked in-house library. Access to and from the centre was secure. The centre was warm and comfortable and suitably decorated and housekeeping was seen to be of a high standard.

The inspectors observed interactions of staff and residents and saw that residents were treated with kindness and respect. It was evident that they were familiar and comfortable in each others' presence. Observations demonstrated that staff knew residents' preferences and routines and these were facilitated in a caring manner. Residents were well dressed and appeared comfortable and relaxed in their setting. The inspectors observed that residents' choice was respected, and control over their daily life was facilitated in terms of whether they wished to stay in their room or spend time with other residents in the sitting rooms or garden. There were some additional safety measures in place because of the COVID-19 outbreak but residents were informed and understood these.

Visitors spoken with were complimentary of staff and said that staff were caring and attentive. They told the inspectors that they were informed if there was any change to their family member's condition. They also confirmed that they had been informed about the outbreak and the required restrictions to visiting. One relative was seen to visit in the stairway which allowed them easy access to the centre without having to come through the main door. There was a transparent screen allowing them to see and hear their family member but still keeping everyone safe.

The inspectors observed that residents were encouraged and facilitated to physically distance in accordance with guidance. Residents said they knew about COVID-19, because staff updated them regularly. Residents told inspectors that they missed their friends who had been moved to the cohort area for isolation and looked forward to them returning to their normal accommodation. Residents who spoke with inspectors told them that they understood the need for these moves and that the staff were keeping them safe. Residents described the last few years as challenging, and found it difficult not being able to see family but also understood the need for these restrictions.

Residents were provided with a choice of nutritious meals at mealtimes and all residents spoken with were complimentary about the food provided. Mealtimes in the dining rooms was observed by inspectors to be a social occasion. Tables were appropriately set and staff sat with residents while providing encouragement or assistance with their meal. One resident told the inspector that they loved the cakes and treats that were provided others confirmed that their choices were facilitated.

There was a staff member allocated to the function of activity co-ordinator on a daily basis who was assisted by a team of activity staff and volunteers. This team fulfilled a role in meeting the social needs of residents and the inspectors observed that staff connected with residents as individuals. During this inspection due to the COVID-19 outbreak and subsequent staff sickness some of the activities were not

available as would be normal. Residents remarked how they missed certain activities and looked forward to them coming back. Residents' views were sought on the running of the centre through regular residents' surveys and residents' meetings. Minutes of residents' meetings reviewed by inspectors noted that these meetings were led by residents and facilitated by the activities co-ordinator on each floor in the centre and were attended by a large number of residents. Items discussed at these meetings included, keeping residents informed regarding the ongoing COVID-19 pandemic, menu choices and other issues of importance to the residents. Residents had access to independent advocacy if they wished. It was evident to inspectors that a number of residents were actively involved in the running of the centre. For example, one of the residents acted as an ambassador for residents and communicated regularly with management to raise issues and concerns on behalf of other residents. Another resident led a weekly music appreciation session that was attended by residents who enjoyed classical music. The provider had sought residents views on how the COVID-19 pandemic had impacted on their lives in the centre. There was evidence from photographs on the wall and from what staff and residents told the inspectors that the centre is deeply rooted in the local community with local choirs and schools regular visitors to the centre. Advocacy services were available to residents as required. Photographs of activities and residents special occasions were also displayed throughout the centre and outdoor activities were encouraged when the weather permitted.

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 on the quality and safety of the service being delivered.

## Capacity and capability

Inspectors found that overall there were effective management systems in place in this centre to ensure the quality and safety of care provided to residents. Nevertheless, on this inspection, some improvements were required in relation to oversight of clinical aspects of care which are discussed under the quality and safety section of this report.

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 person in charge reported to the centre's operations manager. 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; household staff led by a housekeeping supervisor and catering and administrative staff. Staff had a good awareness of their defined roles

and responsibilities. Staff members spoken with told the inspectors that the management team was supportive of their individual roles and had a visible presence within the centre daily.

This unannounced risk inspection was carried out to assess compliance with the Health Act 2007 following the declaration of an outbreak of COVID-19 in the designated centre on December 29 2021. This was the centre's first outbreak since the pandemic began and a number of staff and residents were confirmed as COVID-19 cases. Prior to the outbreak it was evident to inspectors that management in the centre had implemented a number of controls to reduce the likelihood of an outbreak. The lead for infection prevention and control for the centre was the person in charge and led monthly infection prevention and control meetings to manage and respond to any infection control risks. Risk assessments had been completed for actual and potential risks associated with COVID-19 and the provider had put in place many controls to keep residents and staff safe. Up-to-date infection prevention and control policies and procedures were in place and were based on national guidelines. The centre had maintained an up to date comprehensive COVID-19 preparedness plan. The centre had ensured that staff had been provided with training on hand hygiene, donning and doffing PPE and transmission based precautions. Over 98% of staff and residents had received COVID-19 vaccination.

While it may be impossible to prevent all outbreaks, careful management can mitigate spread of infection and limit the impact of outbreaks on the delivery of care. A significant amount of work had been undertaken by the provider in implementing multiple measures to manage the ongoing COVID-19 outbreak. Discussion with staff and review of documentation showed that daily management meetings were convened to oversee the management of the outbreak. The management team also liaised with the local public health team and HSE crisis response team. Two outbreak control meetings had been held by the time of the inspection. A clinical nurse with expertise in infection control from the HSE attended the centre during the outbreak to provide advice and guidance on the ongoing management of the outbreak. On the day of inspection, it was evident that staff and the management team had implemented this advice. Residents with COVID-19 had been cohorted to two units in the centre. Management and staff appeared to be coping well with the stress of the outbreak and were supporting residents, relatives and staff on a daily basis.

A review of infection prevention and control training records indicated that there was a comprehensive programme of training and staff were supported and facilitated to attend training relevant to their role. Staff demonstrated awareness and understanding of their roles and responsibilities in working to prevent and control infection, during discussions with inspectors.

There was a scheduled programme of audits carried out at regular intervals to monitor the quality and safety of care delivered to residents. Each floor had implemented safety pause meeting where updates on infection prevention and control were discussed. Incidents such as falls, responsive behaviours and management of residents with weight loss, were discussed at monthly risk meeting



and action plans developed to drive improvement.

The provider also had a number of assurance processes in place in relation to the standard of environmental hygiene in the centre. These included cleaning specifications and checklists, colour coding of cleaning textiles, infection control guidance, and audits of equipment and environmental cleanliness. Inspectors were informed that there were sufficient cleaning resources to meet the needs of the centre. Maintenance staff had been redeployed to increase this resource. Staff continued to be assigned to different units in the centre and additional measures such as, separate changing and dining facilities ensured staff minimised their movements around the centre, thereby reducing the risk of cross infection.

A review of the complaints log and from speaking with residents showed that complaints were investigated and well 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 2020 had been prepared in consultation with residents.

### Regulation 15: Staffing

On the day of inspection, inspectors found that the number and skill mix of staff on duty in the centre was appropriate to meet the assessed needs of residents. The roster corresponded with the information discussed with the management team. Staff had taken on extra shifts in the centre to maintain staff rotas during the outbreak. Management staff were also assigned to work at weekends which supported communication over the seven days. During the outbreak of COVID-19, staff were divided into teams and designated to provide care for residents in the COVID-19 and non COVID-19 cohorted areas to prevent cross infection. Staff had been redeployed to increase staff cleaning resources during the outbreak.

Judgment: Compliant

### Regulation 16: Training and staff development

Inspectors reviewed the training matrix which indicated that staff had attended a range of online training and face to face training related to infection control practices, hand hygiene procedures and the wearing of personal protective equipment (PPE). Staff at the centre had been provided with specific training on the wearing of FFP2 masks and COVID-19 simulations had been undertaken in the months prior to the outbreak where scenarios of how to manage a positive case were discussed with staff.

Over 95% of staff had undertaken and were up to date with mandatory and appropriate training such as, safeguarding training, annual fire safety and manual handling. Staff confirmed their attendance at this training. The remaining staff were scheduled to undertake this training in the weeks following inspection.

Judgment: Compliant

### Regulation 23: Governance and management

The registered provider ensured that the designated centre had sufficient resources to ensure effective delivery of care in accordance with the statement of purpose. There was a clearly defined management structure in place that identified the lines of authority and accountability, specific roles and detailed responsibility for all areas of care provision. The director representing the provider was present in the centre each day and there was evidence of regular management meetings between him, the person in charge and the operations manager for the centre. There were robust systems in place to ensure the service was safe appropriate and effectively monitored. Regular residents meetings and surveys of residents and relatives ensured residents views were taken into account in all aspects of the service. The registered provider had ensured that a comprehensive annual review of the quality and safety of care delivered to residents had been completed for 2020.

Judgment: Compliant

### Regulation 31: Notification of incidents

The centre logged incidents and accidents electronically and these were reviewed by the inspector. All required notifications as outlined in Schedule 4 of the regulations had been submitted to the office of the Chief Inspector. Incidents such as falls were regularly analysed and reviewed to identify any trends and minimise the risk of recurrence at the centre.

Judgment: Compliant

### Regulation 34: Complaints procedure

The centre had a policy and procedure in place outlining the process for managing complaints which included an appeals process. The procedure was displayed in the reception area of the centre. Inspectors viewed a sample of complaints from 2021, all of which had been investigated and resolved to the satisfaction of the

complainant. Residents who spoke with inspectors were aware how to raise a concern or make a complaint at the centre.

Judgment: Compliant

## Quality and safety

Overall, inspectors found that residents were enabled to have a good quality of life in Haven Bay Care Centre with good access to medical and health care services. There was a rights-based approach to care in evidence; both staff and management promoted and respected the rights and choices of residents living in the centre. However, improvements were required in relation to assessments of care, wound care management and medication management. These will be addressed under the relevant regulations.

There was evidence that residents could keep the service of their own general practitioner (GP) but the majority of the residents were under the care two GP practices who provided medical services to the residents and visited weekly, twice weekly and more frequently as required. Staff told inspectors that GPs had been very responsive to residents needs during the outbreak and attended residents who required medical review. Residents' additional healthcare needs were met. Physiotherapy services were available in house and all residents were assessed on admission for mobility and falls prevention. However, these visits were restricted during the outbreak. Dietitian and speech and language services were available as required. Residents in the centre also had access to the specialist mental health of later life services. Community mental health nurses attended the centre to review and follow up residents with mental health needs and residents who displayed behavioural symptoms of dementia.

While care planning was person centred and residents needs were assessed using validated tools to inform care plans, a comprehensive assessment of activities of daily living was not evident in a sample of care plans reviewed. This will be discussed under regulation 5. Inspectors also found that wound care management required improvement, this is discussed under Regulation 6. The nutritional status of residents was monitored through regular weights and nutritional assessments. Residents who were not in isolation were able to choose where to dine and this choice was respected. Choice was offered to residents at mealtimes and meals viewed by inspectors appeared wholesome and nutritious.

The current COVID-19 outbreak had been declared on 29 December 2021. Senior management reported that they had acted to implement Public Health (PH) recommendations. Testing of symptomatic residents for COVID-19 was been done in line with Public Health recommendations. Polymerase chain reaction (PCR) based testing was supplemented with antigen testing.

Overall the general environment and residents' bedrooms, communal areas, toilets,

bathrooms and sluice facilities inspected appeared clean. The infrastructure and equipment within the laundry supported functional separation of the clean and dirty phases of the laundering process.

Inspectors observed that medication was administered and controlled drugs were checked and counted at each shift changed in line with professional guidelines. However some practices required improvements as discussed under regulation 29.

The inspectors saw that residents appeared to be very well cared for and residents gave positive feedback regarding life and care in the centre. Staff were observed to be kind and respectful in their interactions with residents. Residents had control over their daily lives and could exercise choice in how to spend their day.

Activity provision was good in the centre and there was a mostly rights based approach to care. Activity staff were supported to carry out their role by appropriate training. Activities were limited during the outbreak but small group sessions were still facilitated. Residents had access to radios, telephones and television. Residents of all ages were supported to access services appropriate to their needs and capacities.

### Regulation 11: Visits

As there was a COVID-19 outbreak in the centre on the day of inspection, visiting was restricted in line with public health guidance. Compassionate and end of life visits were facilitated during this time. A staff member was also assigned to assist residents attend scheduled window visits and stairwell visits with their relatives in three designated areas. Inspectors saw these visits were occurring during the inspection.

Judgment: Compliant

### Regulation 13: End of life

Inspectors found that end of life assessments and care plans were person centred and included consultation with residents and where appropriate residents' relatives. Relatives were facilitated to visits residents who were very ill and approaching end of life.

Judgment: Compliant

## Regulation 17: Premises

The premises and external grounds were very well maintained and the inspectors saw that bedrooms were spacious and well furnished with plenty storage space for residents' personal belongings. Twin rooms in the centre were laid out so that privacy could be maintained. The centre had plenty of well decorated communal spaces where residents could rest in private. The centre was bright, clean and warm throughout. The laundry room had been enlarged since the previous inspection to facilitate segregation of clean and unclean linen and clothes.

Judgment: Compliant

## Regulation 18: Food and nutrition

The nutritional status of residents was monitored through regular weights and nutritional assessments. Residents who were not in isolation were able to choose where to dine and this choice was respected. Choice was offered to residents at mealtimes and the lunch time meals viewed by inspectors appeared wholesome and nutritious. Inspectors saw that residents who required assistance were provided with assistance by staff in a discreet and respectful manner.

Judgment: Compliant

## Regulation 26: Risk management

The risk management policy was reviewed and it contained comprehensive information to guide staff on identifying and controlling risks. A risk register was maintained which contained an assessment of individual clinical and non-clinical risks. The risk register had been updated to include the risks associated with the COVID-19 pandemic. The inspectors saw that warning signage to alert staff to the location of oxygen was missing in a clinical area, this was immediately addressed by the person in charge during the inspection.

Judgment: Compliant

## Regulation 27: Infection control

It was evident to inspectors on the day of inspection that management and staff at the centre had implemented measures to control the COVID-19 outbreak and limit

the spread of infection. For example:

- Residents with active COVID-19 infection were accommodated with single rooms in two designated areas of the centre.
- Inspectors saw that these units had clear signage and physical barriers to reduce the risk of staff inadvertently entering these units.
- Transmission-based precautions were applied to all residents with confirmed or suspected COVID-19.
- Staff had been trained on infection prevention measures, including the use of, and steps to, properly put on and remove recommended personal protective equipment (PPE).
- Inspectors observed that staff were wearing FFP2 masks in line with national guidance and appeared to be wearing these masks correctly.
- There were adequate hand sanitizer dispensers in all areas of the centre and along corridors and personal protective equipment (PPE) were readily available throughout the centre.
- The provider had installed extra clinical hand wash sinks for staff use throughout the centre in the early months of the COVID-19 pandemic. This was reported to be a useful resource during the outbreak.

Judgment: Compliant

## Regulation 29: Medicines and pharmaceutical services

Medication administration was observed and the inspectors found that improvements were required to ensure nursing staff adhered to professional guidance issued by An Bord Altranais agus Cnáimhseachais.

- The inspectors saw that for some residents that required their medications in an altered format such as crushed medications while this prescription was in place for individual medications in the electronic system in use, it was not consistent in the paper systems. Therefore nurses were administering medications in a format that was not prescribed by the GP and could lead to errors.
- The centre was moving to an electronic system of medication administration. However, this was not in place for all residents. Therefore the inspectors observed that staff were administering and signing for medications given in two different systems electronic and paper, which could lead to confusion and errors.

Judgment: Substantially compliant

## Regulation 5: Individual assessment and care plan

The inspectors observed a number of issues with assessment and care planning in the centre that required action.

The inspectors saw that residents had a nursing assessment completed prior to admission and there was an ongoing assessment process involved the use of a variety of validated tools to assess each resident's risk of deterioration. However, there was not evidence of a comprehensive assessment of the residents activities of living reviewed and evaluated on a regular basis available on the day of the inspection for the residents records reviewed. Following the inspection, the person in charge submitted evidence that a number of paper based assessments had been completed. However, these were not consistently in use throughout the centre. This assessment is required to support appropriate care planning, evaluation and development.

The findings in relation to care planning from the sample of residents files viewed were mixed. Although there were comprehensive care plans seen for residents with COVID-19. Care plans for other residents were not as comprehensive. The inspectors saw examples of nutritional care plans not being updated following changes recommended by the dietitian and no reference to the referral and reason for the referral in the care plan. Another care plan did not detail the dietary supplements prescribed and this could lead to errors in the diet given to the resident. Overall, a number of care plans were not sufficiently detailed and did not contain the required information to guide the care and were not regularly reviewed and updated to reflect residents' changing needs.

Judgment: Substantially compliant

## Regulation 6: Health care

The inspectors were not assured that a high standard of evidenced base care was provided to residents in relation to wound care.

There were a number of residents with pressure ulcers at the time of the inspection and although there was evidence of a scientific assessment having being undertaken this was not being updated at dressing change so it was difficult to assess improvement or deterioration of the wound. In one case the scientific assessment had not been updated since 14/12/21. It was also noted that photographs on the system were not the most up to date available which added to the difficulty to stage and monitor the wound correctly.

Wound care plans did not contain the details of dressings required and were not sufficiently detailed to direct care. Wound care management in the centre required a full review and improvement in recording practice.

Judgment: Not compliant

### Regulation 8: Protection

The inspector found that there were measures in place to protect residents from suffering harm or abuse. Staff who spoke with the inspectors demonstrated a good understanding of safeguarding and abuse prevention. They were clear about their responsibility to report any concerns or incidents in relation to the protection of a resident. The inspectors saw that safeguarding training was on-going on a very regular basis in-house and training records confirmed that staff had received this mandatory training.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents rights and choices were promoted and respected in this centre. Residents had access to media such as radio, television and wireless internet access. There was evidence of regular resident committee meetings and residents were surveyed regularly in regard to their views on the service provided.

Residents living in the centre had access to a varied activities programme that was managed by a full time activities co-ordinator and a team of staff seven days a week. During the COVID-19 outbreak a number of group activities had been reduced. However, residents told inspectors that while they missed sessions such as bingo, they enjoyed the activities that were available such as newspaper reading and daily mass live streamed on the televisions. One of the residents facilitated a weekly classical music appreciation session that was attended by a group of residents on the afternoon of the inspection.

One of the residents in the centre had the role of resident ambassador and worked as an advocate for residents. Residents had access to independent advocacy services as required. Residents who spoke with inspectors were aware of the outbreak in the centre and the steps in place to keep them safe.

Judgment: Compliant



## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Not compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Haven Bay Care Centre OSV-0000235

Inspection ID: MON-0035542

Date of inspection: 12/01/2022

## 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 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <p>On our electronic medication system Epic, orders to crush medications prescribed by GP's were visible in the prescribing section. Epic have now reviewed this and the order to crush medication is now visible in 3 additional areas for all users throughout Ireland: 1.The list of medications 2.The medication Cardex and 3. MPAR. A meeting has been scheduled with the GP's on 22nd February 2022 to discuss a date for completing the transition to the electronic system of medication.</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:</p> <p>A comprehensive assessment tool had been put in place on all floors however on one floor, this had not been maintained due to a change in nurse managers. This has now been re-instated on all floors and completed. Care plan updating has been reviewed and a system of auditing same has been put in place.</p>	
Regulation 6: Health care	Not Compliant

<p>Outline how you are going to come into compliance with Regulation 6: Health care: Wound Care Education has been provided to Nursing staff. Ongoing support available and wound care is now audited. Detailed wound care plan templates have been devised to direct care. Dressing choice is noted under "skin integrity" in Epic.</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 29(5)	The person in charge shall ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.	Substantially Compliant	Yellow	22/02/2022
Regulation 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).	Substantially Compliant	Yellow	22/02/2022
Regulation 5(2)	The person in charge shall arrange a	Substantially Compliant	Yellow	22/02/2022

	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.			
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.	Not Compliant	Orange	22/02/2022