

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	Haven Bay Care Centre
Centre ID:	OSV-0000235
Centre address:	Ballinacubby, Kinsale, Cork.
Telephone number:	021 477 7328
Email address:	info@havenbay.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Haven Bay Care Centre Limited
Lead inspector:	Caroline Connelly
Support inspector(s):	None
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	74
Number of vacancies on the date of inspection:	5

About Dementia Care Thematic Inspections

The purpose of regulation in relation to residential care of dependent Older Persons is to safeguard and ensure that the health, wellbeing and quality of life of residents is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer and more fulfilling lives. This provides assurances to the public, relatives and residents that a service meets the requirements of quality standards which are underpinned by regulations.

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care.

Please note the definition of the following term used in reports:
responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

Compliance 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
21 May 2018 10:00	21 May 2018 17:20
22 May 2018 09:50	22 May 2018 16:30

The table below sets out the outcomes that were inspected against on this inspection.

Outcome	Provider's self assessment	Our Judgment
Outcome 01: Health and Social Care Needs	Compliance demonstrated	Substantially Compliant
Outcome 02: Safeguarding and Safety	Compliance demonstrated	Compliant
Outcome 03: Residents' Rights, Dignity and Consultation	Compliance demonstrated	Compliant
Outcome 04: Complaints procedures	Compliance demonstrated	Substantially Compliant
Outcome 05: Suitable Staffing	Compliance demonstrated	Compliant
Outcome 06: Safe and Suitable Premises	Compliance demonstrated	Compliant

Summary of findings from this inspection

This inspection report sets out the findings of a thematic inspection which focused on specific outcomes relevant to dementia care.

As part of the thematic inspection process, providers were invited to attend information seminars given by the Health Information and Quality Authority (HIQA). In addition, evidence-based guidance was developed to guide the providers on best practice in dementia care and the inspection process. Prior to the inspection, the person in charge completed the provider self-assessment and compared the service with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 and the National Standards for Residential Care Settings for Older People in Ireland.

During this inspection the inspector focused on the care of residents with a dementia in the centre. The inspection also considered progress on some findings following the last inspection carried out on in November 2016 and to monitor progress on the actions required arising from that inspection. The inspector met with residents, relatives, the person in charge, the provider, the operations manager, the Clinical Nurse Manager (CNM), senior nurses and staff members during the inspection. The inspector tracked the journey of a number of residents with dementia within the service, observed care practices and interactions between staff and residents who had dementia using a validated observation tool. The inspector also reviewed documentation such as care plans, medical records, staff files, relevant policies and the self assessment questionnaire which were submitted prior to inspection.

The centre does not have a dementia specific unit however they do have a self contained twelve bedded secure unit on the lower ground floor with access to its own secure garden. The majority of residents in this unit will have a diagnosis of dementia or a form of cognitive impairment. At the time of inspection there were 44 of the 74 residents residing in the centre with a formal diagnosis of dementia. With a further seven residents suspected of having dementia. The inspector observed that many of the residents required a good level of assistance and monitoring due to the complexity of their individual needs but also observed that some residents functioned at high levels of independence. Overall, the inspector found the person in charge and staff team were very committed to providing a high quality service for residents with dementia and dementia specific training was provided to all staff.

The inspector saw that residents' overall healthcare needs were met and they had access to appropriate medical and allied healthcare services. The quality of residents' lives was enhanced by the provision of a choice of interesting things for them to do during the day and an ethos of respect and dignity for residents was evident. There was a staff member allocated to the function of activity co-ordinator on 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 inspector observed that staff connected with residents as individuals. The inspector found that residents appeared to be very well cared for and residents and visitors gave positive feedback regarding all aspects of life and care in the centre. The inspector found that staff were knowledgeable about residents' likes, dislikes and personal preferences. Staff interacted with residents in a respectful, kind and warm manner. The inspector spoke with residents, who confirmed that they felt safe and were happy living in the centre.

There were a number of changes to the layout of the building since the previous inspection. A number of bedrooms had been converted to a large new more central communal space providing lounge and dining facilities on the first floor. The previous lounge area had been converted into bedroom accommodation with en-suite facilities. The renovation work was completed to a very high standard and was ready for occupancy following the inspection.

The person in charge had submitted a completed self assessment tool on dementia care to HIQA with relevant policies and procedures prior to the inspection. The person in charge and provider had assessed the compliance level of the centre through the self assessment tool and the findings and judgments of inspectors

generally concurred with the provider's judgments however further improvements were required in relation to risk management and wound care. Actions and improvements required from the previous inspection such as provision of staff training and improvements in fire drills had been implemented.

The overall atmosphere in the centre was homely, comfortable and in keeping with the overall assessed needs of the residents who lived there. Many bedrooms were seen to be very personalised. The secure unit had appropriate signage in place to guide a resident around the centre and particularly to support residents who had perceptual difficulties to be orientated to where they were. This was not in place on the other units, however the provider showed the inspector appropriate signage they planned to put in place throughout the centre and the implementation of dementia specific design principals to enable residents with dementia to flourish in the centre. These are all discussed throughout the report and the Action Plan at the end of this report identifies areas where improvements are required to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centre's for Older People) Regulations 2013 and the National Standards for Residential Care Settings for Older People in Ireland 2016.

Compliance with Section 41(1)(c) of the Health Act 2007 and 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.

Outcome 01: Health and Social Care Needs

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

This outcome sets out the inspection findings relating to healthcare, assessments and care planning. The social care of residents with dementia is discussed in Outcome 3. There were a total of 74 residents in the centre on the days of this inspection, 31 residents had assessed maximum dependency needs, 20 had high dependency needs, 12 residents had medium dependency needs and 11 residents had low dependency needs. 44 residents had a formal diagnosis of dementia and a further 7 residents had a suspected diagnosis of dementia.

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. Residents' medical records were inspected and these were current with regular reviews including medication reviews, referrals, blood and swab results, and therapy notes. Residents' additional healthcare needs were met.

Physiotherapy services were available in house and all residents were assessed on admission for mobility and falls prevention. Dietician and speech and language services were available as required. All supplements were appropriately prescribed by a doctor. Optical assessments were undertaken on residents in-house by an optician from an optical company.

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. Treatment plans were put in place which were followed through by the staff in the centre. Follow-up to consultations were completed by psychiatrists as required. Residents and relatives expressed satisfaction with the medical care provided.

The inspector saw that residents had a comprehensive nursing assessment completed prior to, on admission and quarterly. The ongoing assessment process involved the use of a variety of validated tools to assess each resident's risk of deterioration. For example, risk of malnutrition, falls, level of cognitive impairment and pressure related skin injury among others. Pain charts in use reflected appropriate pain management

procedures. The centre had recently changed to a computerised system however some assessments continued to be maintained in a paper based format. There were a number of separate folders and therefore information for residents was kept in a variety of areas. Consideration to streamlining the documentation is required to ensure records are maintained in a way to ensure ease and accessibility of information.

The inspector saw that each resident had a care plan developed within 48 hours of their admission based on their assessed needs. There were care plans in place that detailed the interventions necessary by staff to meet residents' assessed healthcare needs. They contained the required information to guide the care and were regularly reviewed and updated to reflect residents' changing needs. There was evidence that residents and their family, where appropriate participated in care plan reviews. There was documentary evidence that the care plan had been discussed with the resident or relative as required and this discussion of care plans was confirmed by residents and relatives. Consent to treatment was documented. Nursing notes were completed on a daily basis. The inspector found that the care plans guided care and were very person centred and individualised. Nursing staff and health care assistants spoken with were familiar with and knowledgeable regarding residents up to date needs.

Residents at risk of developing pressure ulcers had care plans and pressure relieving mattresses and cushions to prevent ulcers developing. There was one resident with a pressure ulcer at the time of the inspection and although there was evidence of a scientific assessment this was not being updated at dressing change so it was difficult to assess improvement or deterioration of the wound. Currently photographs were not being used to monitor wounds. Nursing staff advised the inspector that Staff had access to support from the tissue viability nurse as required.

The inspector observed that residents appeared to be well cared for, which was further reflected in residents' comments that their daily personal care needs were well met. Residents, where possible, were encouraged to keep as independent as possible and the inspector observed residents moving freely around the corridors and in communal areas and enjoying the activities going on throughout the centre.

The centre-specific policies on medication management were made available to the inspector. The policies included the ordering, receipt, administration, storage and disposal of medicines. The policies were comprehensive and evidence based. Medicines for residents were supplied by a community pharmacy and residents had access to their pharmacy of choice if required. Records examined confirmed that the pharmacist was facilitated to meet his/her obligations as per guidance issued by the Pharmaceutical Society of Ireland. Medicines were stored in a locked cupboard or medication trolley. Medications requiring refrigeration were stored securely and appropriately. Handling and storage of controlled drugs was safe and in accordance with current guidelines and legislation.

Medication administration was observed and the inspector found that the nursing staff did adhere to professional guidance issued by An Bord Altranais agus Cnáimhseachais and adopted a person-centred approach. This was particularly evident in the secure unit and with residents who displayed behavioural symptoms of dementia. Nursing staff with whom the inspector spoke demonstrated knowledge of the general principles and responsibilities of medication management. Staff reported and the inspector saw that no

residents were self-administering medication at the time of inspection. The inspector reviewed a number of medication prescription charts and noted that all included the resident's photo, date of birth, general practitioner (GP) and details of any allergy. There was a system in place for reviewing medications on a three monthly basis by the GP and pharmacist and this was documented in residents' notes. The inspector saw that for residents that required their medications in an altered format such as crushed medications this was now in place for individual medications.

The inspector saw that there were suitable arrangements in place to meet residents end of life needs including the needs of residents with dementia. Each resident's needs were determined by a comprehensive assessment with care plans developed based on identified end of life needs. Residents and their families, where appropriate were involved in the care planning process, including end of life care plans which reflected the wishes of residents with dementia. The community palliative care team were available to provide care, support and advice. A number of staff had undertaken end of life training and specialist palliative care training. Families were facilitated to be with residents at end of life and facilities were provided to ensure their comfort. Overall the inspector found that care practices and facilities in place were designed to ensure residents received end of life care in a way that met their individual needs and wishes and respected their dignity and autonomy.

There were systems in place to ensure residents' nutritional needs were met, and that the residents received adequate nutrition and hydration. Residents were screened for nutritional risk on admission and reviewed regularly thereafter. Residents' weights were checked on a monthly basis and more frequently if evidence of unintentional weight loss was observed. Residents were provided with a choice of nutritious meals at mealtimes and all residents spoken to were complimentary about the food provided. Mealtimes in the dining rooms was observed by inspector to be a social occasion. Staff sat with residents while providing encouragement or assistance with their meal. Nursing staff told the inspector that if there was a change in a resident's weight, nursing staff would reassess the resident, inform the GP and referrals would be made to the dietician and speech and language therapy (SALT). Files reviewed by the inspector confirmed this to be the case. Nutritional supplements were administered as prescribed. All staff were aware of residents who required specialised diets or modified diets and were knowledgeable regarding the recommendations of the dietician and SALT. Some residents with dementia who were very restless were seen to be given frequent meals and foods that they could eat on the go. Staff were seen to be very responsive to residents individual needs.

Judgment:
Substantially Compliant

Outcome 02: Safeguarding and Safety

Theme:
Safe care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspector found that there were measures in place to protect residents from suffering harm or abuse. Staff interviewed demonstrated a good understanding of safeguarding and elder abuse prevention and were clear about their responsibility to report any concerns or incidents in relation to the protection of a resident. The inspector 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. This training was supported by a policy document on elder abuse which defined the various types of abuse and outlined the process to be adopted to investigate abuse issues should they arise.

The centre maintained day to day expenses for a number of residents and the inspector saw evidence that complete financial records were maintained. The inspector reviewed the systems in place to safeguard residents' finances and valuables which included a review of a sample of records of monies and valuables handed in for safekeeping. Money and valuables were kept in a locked area in the reception area. Residents' monies and valuables were stored in individual plastic envelopes with the name of the resident. All lodgements and withdrawals were documented and were signed for by two staff members and the resident where possible. The inspector was satisfied that the system in place was sufficiently robust.

There was a policy on responsive behaviour and staff were provided with training in the centre on responsive behaviours. There was evidence that residents who presented with responsive behaviour were reviewed by their GP and referred to psychiatry of old age or other professionals for full review and follow up as required. The inspector saw evidence of positive behavioural strategies and practices implemented to prevent responsive behaviours and staff spoke about the actions they took. Records of behaviours were recorded with included the triggers to these behaviours and what facilitated the resident following the behaviour. Responsive behaviour meetings took place on a monthly basis to discuss behaviours exhibited and the best response mechanisms from staff. Staff reported that these meetings are greatly beneficial and have assisted to reduce responsive behaviours. Care plans reviewed by the inspector for residents exhibiting responsive behaviours were seen to reflect the positive behavioural strategies proposed. These were clearly outlined in residents' care plans and therefore ensured continuity of approach by all staff using person-centred de-escalation methods. The centre continues as a site for research into assessing and managing responsive behaviours, in particular the use of anti psychotic medication.

There was an up to date policy on restraint. There was evidence that the use of restraint was in line with national policy. The inspector saw that there was a comprehensive assessment form was in place for the use of bedrails, which clearly identified what alternatives to bed rails had been tried to ensure bed rails were the least restrictive method in use. The inspector was assured by the practices in place and saw that alternative measures such as low profiling beds and alarm mats were being used to reduce the use of bed rails in the centre over recent times and there had been a

continued reduction in bed rail usage. There were 14 residents using bedrails on the days of the inspection which was being reviewed on a regular basis. Where bedrails were required for a resident, the inspector saw evidence that there was regular checking of residents, discussion with the resident's and family.

Judgment:
Compliant

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
Residents were facilitated to exercise their civil, political and religious rights. The inspector was told that residents were enabled to vote in national referenda and elections as the centre registered to enable polling. The inspector observed that residents' choice was respected and control over their daily life was facilitated in terms of times of rising /returning to bed and whether they wished to stay in their room or spend time with others in the communal room. Residents were seen walking freely in the corridors and enjoying the outdoor gardens.

Respect for privacy and dignity was evidenced throughout both days of inspection. Staff were observed to knock on doors and get permission before entering bedrooms. Screening was provided in twin bedrooms to protect the residents privacy. Staff were observed communicating appropriately with residents who were cognitively impaired as well as those who did not have a cognitive impairment. Effective communication techniques were documented and evidenced in some residents care plans. Residents were treated with respect. The inspector heard staff addressing residents by their preferred names and speaking in a clear, respectful and courteous manner. Staff paid particular attention to residents' appearance, dress and personal hygiene and were observed to be caring towards the residents. Residents choose what they liked to wear. The hairdresser visited weekly and some residents told the inspectors how important this was to them.

Residents had access to the daily newspaper and residents were observed enjoying the paper. Residents had access to radio, television, and information on local events. Systems for consultation with residents were in place. The inspector evidenced minutes of residents' meetings which depicted how residents were consulted on the centre was run. These meetings were held regularly, relevant issues were discussed and they were well attended. Feedback was also regularly sought from residents and relatives via surveys, there was evidence of actions taken as a result of issues identified in the residents meetings and from the surveys. On inspection, it was evident that the centre

was managed in a way that took into consideration residents' wishes and choices. Residents with dementia were represented and the centre had access to independent advocacy services, the independent advocate had visited the centre and contact details were available on the residents notice board.

There were one staff allocated to the function of activity co-ordinators on a daily basis who fulfilled a role in meeting the social needs of residents she was assisted by a team of activity staff and volunteers. It was evident to the inspector that residents had opportunities to participate in activities that were meaningful and purposeful to them and that suited their needs, interests, and capacities. A large range of activities were facilitated, for example, newspapers, prayers/mass, live music sessions, exercises, Sonas activities, hairdressing, movies, crosswords, outings, arts and crafts, cookery. The activities coordinator organised concurrent activities on all floors over the week and residents were seen to move between floors to their preferred activity . The inspector saw a variety of activities taking place throughout the two days of the inspection. Residents and relatives were very complimentary about the activity programme and the activity staff. They said they were innovative always introducing new ideas and topics and offered residents the opportunities to try something new.

As part of the inspection, the inspector spent periods of time observing staff interactions with residents. The inspector used a validated observational tool (the quality of interactions schedule, or QUIS) to rate and record at five minute intervals. The inspector spent time observing interactions during the morning and afternoon. These observations took place in the secure unit and on the ground floor. Overall, observations of the quality of interactions between residents and staff in the communal areas for a selected period of time indicated that the interactions were of a positive nature with very good person-centred interactions seen between staff and residents.

Numerous visitors were observed throughout both days of inspection where staff members knew the names of visitors and vice versa. Staff took time to talk with family members both when they visited and when they rang to enquire about their relative. Visitors told the inspector that they were always made welcome and that there were plenty areas in the centre to visit in private if they wished to. They said that if they any concerns they could identify them to the person in charge CNM or staff and were assured they would be resolved.

Judgment:

Compliant

Outcome 04: Complaints procedures

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

There was a policy and procedure for making, investigating and handling complaints. The policy was displayed in the main reception area and was also outlined in the statement of purpose and function and in the Residents' Guide. There was evidence that complaints were discussed at staff meetings and informed changes to practice.

Staff interviewed conveyed an understanding of the process involved in receiving and handling a complaint. Complaints were now recorded in the electronic resident records. The inspector viewed a selection of complaints where actions taken and outcomes were documented in accordance with best practice. However there was not evidence on a number of complaints as to the resident's satisfaction with the outcome of the complaint.

There was an independent appeals person nominated and the policy included the facility to refer to the Ombudsman if required.

Judgment:

Substantially Compliant

Outcome 05: Suitable Staffing**Theme:**

Workforce

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

An actual and planned roster was maintained in the centre. The inspector reviewed staff rosters which showed that the person in charge was on duty Monday to Friday. Nurses were on duty and allocated on all three units during the day and at night time. During the two days of inspection the number and skill-mix of staff working was observed to be appropriate to meet the needs of the current residents. Residents and relatives spoke very positively of staff and indicated that staff were caring, responsive to their needs and treated them with respect and dignity.

Systems of communication were in place to support staff with providing safe and appropriate care. There were handover meetings each day to ensure good communication and continuity of care from one shift to the next. The inspector saw records of regular staff meetings at which operational and staffing issues were discussed. The inspector saw that staff had available to them copies of the Regulations and standards. In discussions with staff, they confirmed that they were supported to carry out their work by the person in charge. The inspector found staff to be well informed and knowledgeable regarding their roles, responsibilities and the residents' needs and life histories. There was evidence that residents knew staff well and engaged

easily with them in personal conversations.

Residents and relatives spoke positively about staff and indicated that staff were caring, responsive to their needs, and treated them with respect and dignity. Staff demonstrated an understanding of their role and responsibilities to ensure appropriate delegation, competence and supervision in the delivery of person-centred care to the residents. The inspector observed positive interactions between staff and residents over the course of the inspection and found staff to have excellent knowledge of residents' needs as well as their likes and dislikes.

Records viewed by the inspector confirmed that there was a high level of training provided in the centre with numerous training dates scheduled for 2018. Staff told the inspectors they were encouraged to undertake training by the person in charge. Mandatory training was in place and staff had received up to date training in fire safety, safe moving and handling, management of responsive behaviours and safeguarding vulnerable persons. Staff also attended training in areas such as dementia specific training, the prevention of falls, infection control and medication management. Nursing staff confirmed they had also attended other clinical training including end of life care.

The inspector reviewed a sample of staff files which included the information required under Schedule 2 of the Regulations. Registration details with An Bord Altranais for 2018 for nursing staff were seen by the inspector.

Judgment:

Compliant

Outcome 06: Safe and Suitable Premises

Theme:

Effective care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Haven Bay Care Centre is a three-storey building that commenced operating in 2007 and provides continuing, convalescent and respite care for up to 79 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 67 single bedrooms and six twin bedrooms with en suites and all en suites contain a wash-hand basin, assisted toilet and assisted shower. Additional to en suite facilities there are communal assisted toilets in close proximity to communal areas. Residents' bedrooms were discreetly but 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.

Communal accommodation included numerous day and dining rooms, an oratory, 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 provider said all plants in this area were edible and the area was particularly suitable for residents with dementia. The premises and grounds were seen to be well-maintained. Appropriate lighting and ventilation were provided. Since the previous inspection there had been a number of changes to the premises on the first floor. The lounge and dining room had been relocated to a more central position and was larger in size this was located to an area where bedrooms had been. Newly renovated bedrooms with en-suite bathrooms were put in the area where the previous lounge had been. There was no change to resident numbers in this stage of the renovation. Further building work was ongoing but did not interfere with the current residential areas.

The centre was warm and comfortable and suitably decorated. An under-floor heating system was in operation. Housekeeping was of a high standard. The size and layout of the bedrooms occupied by the residents were suitable to meet the needs of residents. A sufficient number of toilets, bathrooms and showers and an assisted bathroom were provided.

Residents had access to appropriate equipment which promoted their independence and comfort. Specialised assistive equipment or furniture that residents may require, were provided. For example, assisted hoists with designated slings, wheelchairs, alarm mats and cushions, specialist beds and mattresses, respiratory equipment and a computer. Service records were seen and servicing for equipment was found to be up-to-date. A functioning call bell system was in place and call bells were appropriately located throughout the centre.

The centre had a separate main kitchen complete with cooking facilities, equipment, dry stores, cold rooms and shelving. Catering staff had designated changing and toilet facilities. Appropriate personal protective equipment (PPE) was available to staff in the annex prior to entering the main kitchen. Catering staff distributed meals by means of a serving hatch from the main kitchen to the main dining room on the ground floor. Staff served the meals to residents. Meals for the lower ground floor and the first floor were transported via hot trolleys.

The inspector noted that the premises and grounds were generally free from significant hazards. However on the second day of the inspection the inspector noted that a cleaning trolley had been placed at the top of the stairs which was blocking a fire escape route. This was removed immediately once pointed out but the inspector recommended further checking of exit points to ensure they were free from any items that would block an exit.

Judgment:
Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Caroline Connelly
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Haven Bay Care Centre
Centre ID:	OSV-0000235
Date of inspection:	21/05/2018
Date of response:	18/07/2018

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 01: Health and Social Care Needs

Theme:

Safe care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:

Wound care assessments were not completed at each dressing change to determine if a wound was improving or deteriorating.

1. Action Required:

Under Regulation 06(1) you are required to: Having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care for a resident,

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais.

Please state the actions you have taken or are planning to take:

All wounds now assessed and documented. All woundcare now being audited.

Proposed Timescale: 22/06/2018

Outcome 04: Complaints procedures

Theme:

Person-centred care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:

The inspector viewed a selection of complaints where actions taken and outcomes were documented in accordance with best practice. However there was not evidence on a number of complaints as to the resident's satisfaction with the outcome of the complaint.

2. Action Required:

Under Regulation 34(1)(f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.

Please state the actions you have taken or are planning to take:

Satisfaction of complainant now noted.

Proposed Timescale: 22/06/2018