



# Report of an inspection of a Designated Centre for Older People

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:	31 July 2018
Centre ID:	OSV-0000235
Fieldwork ID:	MON-0024921

## 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 100 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 86 single bedrooms and seven twin bedrooms with en suites bathrooms. There is a twelve bedded secure unit on the lower ground floor. 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 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.**

Current registration end date:	26/08/2021
Number of residents on the date of inspection:	77

## How we inspect

To prepare for this inspection the inspector or 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
31 July 2018	09:00hrs to 14:00hrs	Caroline Connelly	Lead

## Views of people who use the service

The inspector spoke with a number of the residents throughout this inspection and the previous inspection of the centre in May 2018. Residents said they felt safe and well cared for and knew the names of the provider, person in charge and staff whom they considered to be approachable and helpful.

Residents reported satisfaction with the food and said choices were offered at meal times. They were particularly complimentary about the home baking which they looked forward to and enjoyed daily. Residents spoke of their privacy being protected and having choice about when they get up in the morning, retire at night and where to eat their meals. Residents who the inspector spoke with expressed great satisfaction with the activities and the variety of different activities available to them. Residents spoke of the regular trips out accompanied by staff which they enjoyed and looked forward to. Residents were very complimentary about staff, saying staff were very caring and helpful. Residents said they were consulted with on a daily basis and regular residents' meetings were facilitated. They told the inspector that they had regular consultation about the new extension to the building from the provider and management team and felt involved in the stages of the building and any effects it may have on them.

## Capacity and capability

There were effective management systems in this centre, ensuring good quality care was delivered to the residents. The management team were proactive in response to issues as they arose and improvements required from on the previous inspection had been addressed and rectified. There was a clearly defined management structure in place and staff were aware of their roles and responsibilities.

The centre is currently registered to provide care to 79 residents and the provider has applied for registration for 100 residents following the building of a new first floor extension of 20 single ensuite bedrooms. On the previous inspection in May 2018 the inspector saw that in preparation for the inclusion of the extension to 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. On that inspection there had been no change to resident numbers. However one of the newly renovated bedrooms room 312 was a twin room used as a single room. The provider has now applied to register this room as a twin room giving a net increase in bed numbers of 21. This ensuite bedroom was

large in size with adequate screening and plenty of storage space for personal belongings. The new extension was built to a very high specification all bedrooms were single en-suite, large in size with plenty of wardrobe and locked storage space. An additional lounge, nurses station, sluice room and clinic room were included in the extension. The provider has agreed to limit admissions to a maximum of 3 residents per week and not to admit any residents on a Friday.

This inspection was undertaken to assess the new building, follow up on actions from the previous inspection and ensure compliance with the standards and legislation as numbers of residents increase in the centre. The inspector was satisfied that during the inspection the staffing levels and skill-mix were sufficient to meet the assessed needs of residents. The provider and person in charge provided a detailed plan of the proposed roster for the new extension and for the phased increase in residents numbers and staffing pro rata. The inspector saw that a large number of nursing staff, care assistants and household staff had already been recruited and inducted and further recruitment was ongoing. Robust recruitment procedures were in place and all staff had met the requirements of Schedule two prior to commencement of employment. The management team provided assurance to the inspector that all staff had Garda vetting in place prior to commencing employment. The centre provided ongoing mandatory and clinical training to staff which was readily available to all staff.

During the inspection, staffing levels and skill-mix were sufficient to meet the assessed needs of residents. The provider and person in charge provided a detailed plan of the proposed roster for the new extension and for the phased increase in residents numbers and staffing pro rata. A large number of nursing staff, care assistants and household staff had already been recruited and inducted and further recruitment was ongoing. Robust recruitment procedures were in place and all staff had met the requirements of Schedule two prior to commencement of employment. The management team provided assurance to the inspector that all staff had Garda vetting in place prior to commencing employment. A high level of mandatory and non mandatory training was provided and made available to all staff.

Improvements were seen in the recording of satisfaction with the outcome of complaints since the previous inspection. There was a robust complaints management system in place with evidence of complaints recorded, investigation into the complaint, actions taken and the satisfaction of the complainant with the outcome. Oversight of complaints was signed off by the person in charge and included lessons learnt and improvements to practices following on from complaints.

## Regulation 14: Persons in charge

The person in charge had the required experience and qualifications in order to manage the service and meet its stated purpose, aims and objectives. The person in charge was knowledgeable regarding the regulations, HIQA Standards and her statutory responsibilities.

Judgment: Compliant

## Regulation 15: Staffing

During the inspection, staffing levels and skill-mix were sufficient to meet the assessed needs of residents. Proposed staffing levels were agreed to be kept under constant review as the centre increased in resident numbers.

Judgment: Compliant

## Regulation 16: Training and staff development

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 and 2019. 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.

Judgment: Compliant

## Regulation 23: Governance and management

There was a clearly defined management structure in place and staff were aware of their roles and responsibilities. A comprehensive annual review of the quality and safety of care delivered to residents in the centre for the previous year was completed, with an action plan for the year ahead. The person in charge was collecting key performance indicators and ongoing audits demonstrated improvements in the quality and safety of care.

Judgment: Compliant

### Regulation 3: Statement of purpose

A detailed statement of purpose was available to staff, residents and relatives. This contained a statement of the designated centre's vision, mission and values. It accurately described the facilities and services available to residents, and the size and layout of the premises.

Judgment: Compliant

### Regulation 34: Complaints procedure

There was a robust complaints management system in place and improvements were seen in the recording of satisfaction with the outcome of complaints since the previous inspection

Judgment: Compliant

## Quality and safety

Overall, residents were supported and encouraged to have a good quality of life which was respectful of their wishes and choices. Residents' needs were being met through very good access to healthcare services, opportunities for social engagement and a premises that met their needs. The quality of residents' lives was enhanced by the provision of a choice of interesting things for them to do during the day. The inspector found that an ethos of respect for residents was evident. The inspector saw that residents appeared to be very well cared and residents and



relatives gave very positive feedback regarding all aspects of life and care in the centre.

The quality and safety of residents care was looked into and addressed in the thematic inspection of the centre undertaken in May 2018 where compliance was demonstrated. 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. There was evidence 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.

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. The centre was well maintained.

The provider had put systems in place to manage risks and ensure that the health and safety of all people using the service was promoted. The health and safety statement was reviewed regularly and appropriate fire safety practices were followed. Fire safety equipment was serviced regularly and the fire alarm board had been moved since the last inspection and was now more accessible to all. An emergency plan had been developed an appropriate response was in place for all emergency situations.

## Regulation 12: Personal possessions

There was plenty of storage space to store personal possessions including locked storage space in residents bedrooms.

Judgment: Compliant

## Regulation 17: Premises

The premises was of a high standard with plenty of communal and outdoor space. 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. The premises and grounds were seen to be well-maintained. Appropriate lighting and ventilation were provided.

The centre was warm and comfortable and suitably decorated. Housekeeping was of a high standard. 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.

Judgment: Compliant

### Regulation 26: Risk management

There were appropriate risk management procedures in place which were seen to be followed in practice. For each risk identified, it was clearly documented what the hazard was, the level of risk, the measures to control the risk, and the person responsible for taking action. Regular health and safety reviews were also carried out to identify and respond to any potential hazards.

Judgment: Compliant

### Regulation 27: Infection control

The centre was observed to be very clean. Appropriate infection control procedures and equipment were in place and staff were observed to abide by best practice in infection control and good hand hygiene.

Judgment: Compliant

### Regulation 28: Fire precautions

There were adequate arrangements in place to protect against the risk of fire including fire fighting equipment, means of escape, emergency lighting and regular servicing of the systems. Staff knew what to do in the event of hearing the alarm,

and the support needs of each resident in the case of fire or emergency situations were documented. Annual fire training was provided to staff and regular detailed fire drills were undertaken at different times of the day. The centre had a staff member trained as a fire marshal and trainer who provided training to all staff and ran detailed fire drills during the day and night. Certification was seen of the staff members training. The new extension of the building had been certified by the local fire authority.

Judgment: Compliant

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant