



# 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:	01 September 2020
Centre ID:	OSV-0000235
Fieldwork ID:	MON-0030339

## 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 109 single bedrooms and nine 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:	106
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## How we inspect

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

As part of our inspection, where possible, we:

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

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

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

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

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

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

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

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

Date	Times of Inspection	Inspector	Role
Tuesday 1 September 2020	09:30hrs to 18:00hrs	John Greaney	Lead
Wednesday 2 September 2020	09:00hrs to 16:30hrs	John Greaney	Lead
Tuesday 1 September 2020	09:30hrs to 18:00hrs	Breeda Desmond	Support
Wednesday 2 September 2020	09:00hrs to 15:00hrs	Breeda Desmond	Support

## What residents told us and what inspectors observed

The inspector 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 overall feedback from residents was that Haven Bay Nursing Home was a nice place to live. Staff promoted a person-centred approach to care, and were found to be kind and caring. Residents spoken with described the care as excellent and stated the staff were very nice and were very approachable. The inspector 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.

Some visitors spoken with found that maintaining social distancing was hard when they came to visit. One visitor stated that it was over six months since she had been able to hold her husband's hand. Visitors commented on the importance of touch for residents that had communication difficulties, as this may be the only way that they recognised their family members. Visitors spoken with were complimentary of staff and said that staff were caring and attentive. Some visitors, however, commented that prior to the COVID-19 pandemic they usually had informal chats with staff as a means of being updated with the resident's condition. Due to the new visiting arrangements these informal discussions were not possible and therefore they felt less informed.

The inspector observed that residents were encouraged and facilitated to socially distance in accordance with guidance. Residents said they knew about COVID-19, because staff updated them regularly. Residents described the last few months as challenging, and found it difficult not being able to see family but also understood the need for these restrictions.

## Capacity and capability

This was a short-notice announced inspection to monitor compliance with the regulations. The provider had submitted an application to vary the conditions of registration following the construction of a new sitting room on the first floor, in addition to the change in function of a number of rooms internally. This inspection was also conducted to support the decision-making process for that application. Overall, the findings on this inspection were that the management team provided good leadership and a commitment to on-going quality improvement. The

quality of care that residents received in the centre was delivered to a high standard.

There was a clearly defined management structure in place, with clear lines of authority and accountability. Care is directed through the person in charge who reports to an operations manager. The person in charge is supported by an assistant director of nursing (ADON) and by two clinical nurse managers (CNMs). The registered provider representative is usually present in the centre each day and available to management for informal advice in addition to structured management meetings.

The inspector observed good communication between staff and residents, and staff were seen to be caring and responsive to residents needs. There were adequate numbers and skill mix of staff to meet the personal and care needs of residents. The person in charge and the assistant director of nursing supervised care delivery, and were available as a resource to staff.

The inspector saw evidence that the quality and safety of care delivered to residents was being effectively monitored. The annual audit schedule indicated that regular audits were taking place and issues identified for improvement through the audit process were addressed.

The centre had appropriate policies on recruitment, training and vetting of new employees. A sample of staff records reviewed indicated that there were robust systems in place for staff recruitment and all files contained most of the required information as per the regulations. Some minor improvements were required in relation to the maintenance of comprehensive employment histories for staff. There was a comprehensive programme of training, and all staff had attended up-to-date training in mandatory areas, such as manual handling, safeguarding vulnerable adults, responsive behaviors and fire safety. Additional training had been provided to all staff in infection control, hand hygiene and in donning and doffing of personal protective equipment (PPE). Staff were provided with the most recent guidance from public health and the Health Service Executive.

A record of incidents occurring in the centre was reviewed by inspectors and found to be well maintained and comprehensive. The complaints log was reviewed and showed that formal complaints were recorded in line with the regulations. An accessible and effective complaints procedure was in place. Residents' complaints and concerns were listened to and acted upon in a timely, supportive and effective manner.

A COVID-19 contingency plan was available, as well as a COVID-19 resource folder on each unit, for staff to source current Health Protection and Surveillance Centre information. The person in charge was the COVID-19 lead in the centre, with delegation detailed to ensure appropriate management cover in her absence. The inspectors acknowledge that residents and staff living and working in the centre have been through a challenging time and they have been successful to date in keeping the centre COVID 19 free.

## Regulation 14: Persons in charge

The person in charge was in post since 2010 and had extensive clinical and managerial experience and the required qualifications to manage the service and meet its stated purpose, aims and objectives. The person in charge was knowledgeable regarding the regulations, standards and her statutory responsibilities.

Judgment: Compliant

## Regulation 15: Staffing

The number and skill mix of staff was appropriate having regard to the needs of residents and the size and layout of the centre. There were 106 residents residing in the centre on the days of the inspection. For operational purposes the centre was divided into three floors and there were designated staff for each floor. The inspectors found good levels of supervision in communal areas throughout the inspection. Staff who spoke with inspectors were competent to perform their respective roles and said they were supported by management with ongoing training and supervision.

Adequate contingency arrangements had been put in place to limit staff movement between the floors and ensure that each area was individually staffed.

Judgment: Compliant

## Regulation 16: Training and staff development

A review of the training matrix and discussions with staff confirmed that the management team were committed to providing ongoing training to staff. There was evidence that mandatory training in safeguarding, moving and handling and fire safety was completed along with other relevant training such as dementia care and cardiopulmonary resuscitation. Infection control training was provided to staff by a variety of sources. Staff also undertook HSEland on line training in infection control, hand hygiene and the donning and doffing of PPE.

Judgment: Compliant

## Regulation 21: Records

All records requested during the inspection were made readily available to the inspectors. Records were generally maintained in a neat and orderly manner and stored securely. A sample of four staff files viewed by the inspectors were found to be well maintained and generally contain the requirements of Schedule 2 of the regulations. Garda vetting was in place for all staff and inspectors were assured that nobody was recruited without satisfactory Garda vetting. Two written references were in place for all staff and these were verified for authenticity. While there were employment histories for each member of staff, there were gaps in the employment history on curriculum vitae. Explanations for these gaps in employment were explored in the interview process, but employment histories were not stored in a manner to make them readily accessible. The provider was advised to request staff to update their CVs to include explanations for gaps in employment.

There was a comprehensive information provided by the centre upon a resident's transfer out of the centre to ensure a smooth transition for the resident. However, a copy of this was not always retained in the resident's file.

Judgment: Substantially compliant

## Regulation 22: Insurance

Evidence was available that the centre had appropriate insurance in place.

Judgment: Compliant

## Regulation 23: Governance and management

There is a clearly defined management structure with clear lines of authority for the day to day operation of the centre. The registered provider representative is usually in the centre each day and is available to other members of the management team for both formal and informal guidance. Clinical responsibility for the day to day operation of the centre rests with the Director of Nursing (DON). The DON is supported by an ADON, two CNMs and a number of senior staff nurses. Responsibility for the non-clinical day-to-day operation of the centre rests with an Operations Manager.

The CNMs and senior staff nurses provide clinical supervision to staff in the absence of the DON and ADON. There is an identified senior staff nurse in charge of the centre at weekends in a supernumerary capacity.

The quality and safety of care is monitored through a wide range of audits. Where issues are identified for improvement through the audit process these are addressed.

Judgment: Compliant

### Regulation 3: Statement of purpose

The Statement of Purpose contains all of the information specified in the regulations.

Judgment: Compliant

### Regulation 31: Notification of incidents

The inspector saw that there was a comprehensive log of all accidents and incidents that took place in the centre. Incidents as described in the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 had been reported in accordance with the requirements of the legislation. There were timely quarterly returns and written notifications were received within three days of accidents and incidents as required.

Judgment: Compliant

### Regulation 34: Complaints procedure

A centre-specific comprehensive complaints policy was in place. The complaints policy identified the nominated complaints officer and also included an independent appeals process as required by legislation. A summary of the complaints procedure was displayed prominently and was included in the statement of purpose.

The inspector reviewed the complaints log detailing the investigation, responses, outcome of any complaints and whether the complainant was satisfied. All complaints viewed had been dealt with appropriately. Residents with whom the inspector spoke were able to identify the complaints officer, stated that any complaints they may have had were dealt with promptly and were satisfied with the complaints procedure.

Judgment: Compliant

## Regulation 4: Written policies and procedures

Schedule 5 policies were in place and available to staff. Many of these were updated in line with the changing requirements as detailed in HPSC guidance. The policies impacted by COVID-19 and other HPSC information were available to staff as part of the COVID-19 resource folder on areas such as visiting, assessment and care planning for residents with suspected/confirmed/isolation protocols for example. This information was updated in line with HPSC guidance updates.

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 good access to healthcare services and opportunities for social engagement. Improvements were required in relation to the development of a safeguarding plan, in fire drill records and in assisting residents to the dining room prior to mealtimes.

The healthcare needs of the residents were met to a good standard. A General Practitioner (GP) visits the centre three days each week and whenever needed. Out-of-hours medical cover was also available. There was good access to specialist medical services such as psychiatry for the older adult and gerontology. There was evidence of regular reviews of residents and ongoing medical interventions as well as laboratory testing. A physiotherapist was directly employed by the centre and visited the centre on two days each week. There was also good access to other allied healthcare professionals including, speech and language therapy, dietetics, dental, chiropody, and opticians.

The inspectors viewed a number of residents' records and found that care delivered was based on a nursing assessments completed on admission, involving a variety of validated tools. There was a need, however, to ensure that all care plans were supported by a comprehensive assessment of activities of daily living. A review of a sample of care plans indicated that they were comprehensive, personalised and provided good guidance on the care to be delivered. There was a reported low incidence of wound development, and the inspector saw that the risk of same was assessed regularly, and appropriate preventative interventions including pressure relieving equipment were in use.

The atmosphere of the centre was friendly and relaxed and staff actively engaged with residents. The inspector observed that the care and support given to residents was delivered in a dignified manner and was not rushed. Assistance was given discreetly when needed and all staff demonstrated good communication strategies

with residents, including residents with complex communication needs. The inspector noted that staff were familiar with residents preferences and choices, and facilitated these in a friendly, good humoured and respectful manner. Residents confirmed that they felt safe in the centre. Where there were suspicions or allegations of abuse, these were investigated. There was a need, however, to develop more detailed safeguarding plans and to implement them in practice to ensure that all residents were safe. The centre promoted a restraint-free environment and there were six residents using bedrails on the day of inspection. Residents were encouraged and supported to optimise their independence where possible, and had free access to safe outdoor courtyards. Residents spoken with said they felt safe in the centre. All staff working in the centre had received training in safeguarding vulnerable adults, and were knowledgeable about what to do if they suspected or witnessed abuse.

The premises is purpose built and residents are accommodated over three floors in predominantly single bedrooms, all of which have en suite facilities. There is adequate communal space, supplemented by the recent addition of a sitting room on the first floor. All sitting rooms are decorated to a high standard and have comfortable seating for residents. There is good access to outdoor space from all floors and these are all equipped with garden furniture. On one floor, the outdoor area is 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.

There were adequate systems were in place for fire safety that included the preventive maintenance of equipment, daily and weekly checks of equipment and emergency exits, and the training of staff. While there were regular fire drills, the records did not provide adequate detail of the scenario simulated in each drill. There was also a need to review evacuation maps on display at various intervals throughout the centre.

Staff screening for COVID-19 was being preformed in accordance with recommended guidance. Residents transferred from the acute care setting were screened for COVID-19 and isolated in a single room in accordance with HPSC guidance. There was evidence that residents and staff temperatures were being recorded appropriately. Household staff were allocated additional responsibilities for cleaning frequently used surfaces, and appropriate cleaning records were maintained. Improvements were required in relation to the design and layout of the laundry but it was confirmed to inspectors that this would be addressed on the week following this inspection.

There was a range of activities available to residents that were facilitated by a number of activity staff. Due to the COVID-19 pandemic, large group activities were prohibited but activities were facilitated in small groups and also through one-to-one time. Residents were consulted about how the centre was planned and run predominantly through surveys as the residents' forum had been suspended.

## Regulation 11: Visits

Visiting restrictions had been eased in the centre in line with Public Health advice. Visits were by appointment only and were facilitated in a number of different areas of the centre. Measures were in place to facilitate physical distancing during visiting.

A review of the visiting log indicated that there were 21 appointment slots available each day and visiting usually took place between 10am to 5.30pm from Monday to Friday. Evening visiting was facilitated on Thursdays. Therefore, there were 105 possible appointments for 106 residents each week. It is acknowledged that more relaxed arrangements were in place for residents that were unwell or approaching end of life, however, current visiting arrangements would not facilitate all residents to have two visits per week, should they wish to do so. It would also pose a challenge for some family members to visit if they were working from Monday to Friday due to limited evening and weekend visiting.

Inspectors spoke with some visitors during the inspection. Visitors talked of the difficulty of communicating with residents that had advanced dementia or may have limited sight or hearing due to the need to maintain physical distancing. Visitors talked of the importance of communicating via touch for these residents and the sadness of not having held the hand of their husband and father for over six months. They wondered if residents were actually aware they were there, if they knew who they were or if they benefited from the visit. The provider was requested to review visiting arrangements in the context of each resident's needs on an individual basis.

Judgment: Compliant

### Regulation 12: Personal possessions

There is adequate storage space to store personal possessions including lockable storage in residents bedrooms. There were procedures in place for laundering residents clothes and for ensuring their safe return.

Judgment: Compliant

### Regulation 13: End of life

End-of-life care plans reviewed showed that residents were asked their wishes and preferences regarding decisions should their condition deteriorate. Next-of-kin were involved in discussions when appropriate and there was documentary evidence of on-going discussions regarding care, including end-of-life care. There was documentary evidence that residents wishes were respected in relation to their end of life care. Families were supported to visit residents who were very ill or

approaching end of life and staff ensured that residents were not alone during their final hours.

Judgment: Compliant

### Regulation 17: Premises

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 in 111 single bedrooms and 8 twin bedrooms. All bedrooms are en suite with shower, toilet and wash hand basin. The bedrooms are adequate in size to accommodate either one or two residents, a comfortable chair at the bedside and room to manoeuvre assistive equipment. The rooms are decorated to a high standard in the context of fittings and furniture.

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.

The centre was 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 days of the inspection.

There was a laundry on site. The laundry contained washing and drying facilities. Due to the size of the room and the number of washing machines and dryers, there was inadequate space for the segregation of clean and dirty linen. However, within the limitations of the environment, laundry staff had developed a good workflow system to minimise the risk of cross contamination. The provider assured the inspectors that the laundry would be enlarged during the week following this inspection.

Judgment: Compliant

### Regulation 18: Food and nutrition

Residents' dietary needs were reviewed on admission to the centre, and where a specific diet was required the information was passed to the kitchen staff. Staff who spoke with inspectors were familiar with resident's specific dietary needs. Each resident was monitored for the risk of malnutrition during their stay and, where issues were identified, food intake was closely monitored and appropriate referrals were made, for example to a dietitian or speech and language therapist.

Residents reported that they were happy with breakfast and lunch in the centre and that it was provided in sufficient quantities. Inspectors observed lunch and noted that food was attractively presented. However, some residents commented that the menu options available for tea time was poor and would they would like a greater choice.

Residents requiring assistance at mealtimes were assisted appropriately by staff. Inspectors observed that some residents were assisted to the dining room well in advance of the food being served. These residents were then left waiting in the dining room with limited supervision.

Judgment: Substantially compliant

### Regulation 25: Temporary absence or discharge of residents

Documentation reviewed showed that all relevant information was received upon a resident's return from temporary absence from the centre.

Judgment: Compliant

### Regulation 26: Risk management

A risk register was maintained and this was update with COVID-19 related risk documenting the reporting the risk associated with the impact of the pandemic. A current safety statement was in place in line with best practice. Residents had personal emergency evacuation plans to facilitate a safe evacuation should the need arise.

Judgment: Compliant

### Regulation 27: Infection control

A COVID-19 contingency plan was available as well as a COVID-19 resource folder for staff to source current HPSC information. The person in charge was the COVID-19 lead on site with delegation detailed to ensure appropriate cover should the need arise. Household staff had increased with the advent of COVID-19 and staff were allocated additional responsibilities for cleaning frequently used surfaces. Records were maintained of duties completed. PPE was easily accessible and appropriately stored, and used in accordance with current HPSC guidance. Hand sanitisers were available throughout the centre. The centre has access to infection control nurse

specialists prior to and during the pandemic outbreak which the person in charge highlighted was an invaluable resource.

There was good surveillance maintained of infections such as respiratory, urinary and wound infection. Residents were isolated in accordance with HPSC guidance following return from the acute care setting; swab results were available for those residents prior to their transfer back to the centre. Residents and staff temperatures were taken twice daily.

Judgment: Compliant

### Regulation 28: Fire precautions

Fire safety equipment, including the fire alarm and emergency lighting had preventive maintenance completed at appropriate intervals. There were daily and weekly checks to ensure emergency exits were unobstructed and the fire alarm was functioning appropriately.

There were procedure to be followed in the event of a fire was on display in the centre. There were evacuation maps on display at various locations throughout the centre. Most, but not all, of the maps indicated your location in the centre. In addition, the "You are Here" writing was upside down on some maps. There was also a need to ensure the map identified more clearly the nearest place of relative safety in the event of a fire.

All staff had completed fire safety training. Discussions with staff indicated they had a good knowledge of what to do in the event of a fire. While fire drills were conducted regularly, records of the drills contained varying degrees of information in relation to the scenario simulated. Some records only contained the date and time of the drill and the number of staff involved with no detail of the number of residents evacuated or the time it took to simulate the evacuation of a compartment. There was evidence of feedback and learning from the fire drills.

Judgment: Substantially compliant

### Regulation 29: Medicines and pharmaceutical services

Residents had access to pharmacy services and the pharmacist was facilitated to fulfil their obligations under the relevant legislation and guidance issued by the Pharmaceutical Society of Ireland. Medication administration charts and controlled drugs records were maintained in line with professional guidelines. Plans were in place for the introduction of electronic administration records which will enhance the system of recording, particularly in instances where the medication is initially

refused and later administered.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

A comprehensive pre-admission assessment was conducted prior to admission to ascertain the needs of residents and to plan for their care. Overall, the standard of care planning was completed to a high standard and provided individualised guidance on how to meet the assessed needs of residents. Risk assessments were regularly completed to assess various clinical risks, including risks of malnutrition and pressure sores. However, in one instance a falls risk assessment was not updated following a resident's fall. While there was a comprehensive pre-admission assessment completed, there was not always a full assessment completed on the activities of daily living for each resident to support care plan development. Care plans were reviewed regularly to ensure care was appropriate to each resident's changing needs.

Judgment: Substantially compliant

### Regulation 6: Health care

The inspectors were satisfied that the health care needs of residents were met to a good standard. There was evidence of good access to medical and nursing care with records of regular medical reviews in residents' files. Residents had access to specialist services such as psychiatry, community mental health care.

A physiotherapist visited the centre on two days each week. There was also good access to other allied health services such as speech and language therapy, dietetics, occupational therapy, dental and opticians.

Wound management records detailed dressings and wound progress with photographic records in line with best practice guidelines.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

Observations of the inspectors indicated an atmosphere of positive social engagement. Staff were knowledgeable of residents' communication needs. Interventions to minimise anxieties and concerns were individualised and respectful.

A member of staff was identified as a "Dementia Champion". Discussions with staff indicated that this person was a valuable resource for other staff in developing supports for residents presenting with responsive behaviour.

There were a number of residents in the centre with responsive behaviour. There was good access to medical reviews and to mental health services to support staff identify triggers and of how to meet each residents needs to minimise the risks of any behavioural issues escalating.

There was minimal use of restraint and the restraint register indicated that of the 106 residents in the centre, bedrails were in place for six and two residents had lap belts for the purpose of postural support. There were adequate assessments completed of the risk associated with the use or restraint and there were safety checks for when restraint was in place.

Judgment: Compliant

### Regulation 8: Protection

Residents reported feeling safe in the centre and family members spoken with confirmed that residents were treated with respect and dignity. In instances of suspicions or allegations of abuse against staff members, these were investigated and appropriate action taken based on the outcome of the investigation. However, inspectors were not satisfied that adequate safeguarding measures were in place following an allegation of abuse against a resident. While the incident was investigated and the resident was reviewed to ascertain if there was a medical basis for the behaviour, there was an inadequate safeguarding plan detailing the level of supervision required to ensure that all residents were safe. The provider and person in charge committed to immediately addressing this deficit.

Judgment: Substantially compliant

### Regulation 9: Residents' rights

There was a person-centred ethos of care in the centre and residents' rights were respected. Residents who spoke with inspectors reported that they felt safe in the centre and that their rights, privacy and expressed wishes were respected. Inspectors spent time observing residents and staff engagement. The atmosphere in the centre was calm and relaxed, and a sense of well-being was evident. Residents looked well-groomed and content and those who spoke with the inspectors confirmed that they were content despite the limitations of restricted visiting and physical distancing measures.

Activity provision was managed by a full-time activities coordinator supported by other activity staff providing a service over seven days each week. A comprehensive activity programme was in place in the centre. A review of social care plans demonstrated that this programme was informed by comprehensive assessments of residents' preferences, interests and capabilities. Inspectors observed activities in each of the units and residents were seen to be actively participating and enjoying activities. Photographs of activities and residents special occasions were displayed throughout the centre. Outdoor activities were encouraged when the weather permitted.

Residents had access to daily newspapers, to internet, telephone facilities and to local media. Residents spoken with said they understood the reasons for recent restrictions and staff wearing masks. Relatives who met with inspectors praised the staff for their compassion and efforts to maintain and enable contact. Residents had access to internet services and video messaging to facilitate them to stay in contact with their families and keep up to date on the news.

Residents' meetings had recommenced following a pause when restrictions were initially introduced following the commencement of the COVID 19 pandemic in Ireland. Residents views were sought through informal chats with nursing, care and activity staff. More recently a number of surveys were conducted to ascertain residents' views on their level of satisfaction with care provision, cleanliness, food , laundry services and activities.

The hairdresser had returned to the centre and inspectors were informed they were operating under the current national guidance.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

**Inspection ID: MON-0030339**

**Date of inspection: 02/09/2020**

### **Introduction and instruction**

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

## Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: Gaps in employment are explained on interview notes. Going forwards staff will be asked to complete this on the application form or CV. Transfer letters are normally copied and kept.</p> <p>Timeframe: completed 2/10/2020</p>	
Regulation 18: Food and nutrition	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 18: Food and nutrition: Consultation is ongoing with residents about teatime choices. An external food consultant had been engaged prior to March 2020 however this had to be rescheduled due to Covid-19. This has now taken place. Food services and practices have been reviewed and a training plan has been developed. Activation and engagement with residents has been reviewed and completed.</p> <p>Completed: 2/10/2020</p>	
Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:  
We have reviewed the current fire simulation template and it has been enhanced to include additional details such as scenario simulated, the number of residents evacuated etc.

Completed: 2/10/2020

Regulation 5: Individual assessment and care plan

Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

Assessments and care plans are audited in more details to ensure that they reflect all changes that occur in residents. All resident's falls are reviewed at risk meetings and at Clinical Governance Meetings.

Completed 2/10/2020

Regulation 8: Protection

Substantially Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:  
Safeguarding plans now include more details including supervision of residents.

Completed 2/10/2020

## 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 18(3)	A person in charge shall ensure that an adequate number of staff are available to assist residents at meals and when other refreshments are served.	Substantially Compliant	Yellow	02/10/2020
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	02/10/2020
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably	Substantially Compliant	Yellow	02/10/2020

	practicable, residents, are aware of the procedure to be followed in the case of fire.			
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Substantially Compliant	Yellow	02/10/2020
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to a designated centre.	Substantially Compliant	Yellow	02/10/2020
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Substantially Compliant	Yellow	02/10/2020