



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

## Issued by the Chief Inspector

Name of designated centre:	Corpus Christi Nursing Home
Name of provider:	Shannore Limited
Address of centre:	Mitchelstown, Cork
Type of inspection:	Unannounced
Date of inspection:	25 May 2022
Centre ID:	OSV-0000216
Fieldwork ID:	MON-0036387

## About the designated centre

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

Corpus Christi Nursing Home is a 42-bedded nursing home located close to the town of Mitchelstown in Co. Cork. It is a two-storey premises, however, all resident accommodation is located on the ground floor, with offices and staff facilities on the first floor. It is located on mature grounds with ample parking for visitors. Bedroom accommodation comprises twenty eight single bedrooms and seven twin bedrooms, Twenty one of the single bedrooms and one of the twin bedrooms are en suite with shower, toilet and wash hand basin and the remaining bedrooms have a wash hand basin in the bedroom. The centre provides 24-hour nursing care to both male and female residents that are predominantly over the age of 65 years of age.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	33
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

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

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

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

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

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

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

Date	Times of Inspection	Inspector	Role
Wednesday 25 May 2022	09:20hrs to 17:00hrs	Siobhan Bourke	Lead

## What residents told us and what inspectors observed

From the observations of the inspector and from speaking with residents, it was evident that residents were supported to have a good quality of life in this centre. The inspector met with the majority of the 33 residents living in the centre and spoke with six residents in more detail to gain an insight into their lived experience. The inspector also met a number of visitors who were in visiting their relatives during the inspection. Residents and relatives were very complimentary about the service and the care provided. Residents told the inspector that staff were kind, caring and respected their choices.

This was an unannounced inspection to monitor compliance with the regulations and inform decision making for renewal of registration. On arrival, the inspector was guided through the centre's infection control procedures by a staff member who ensured that hand hygiene, temperature and symptom checks for COVID-19 were carried out. An opening meeting was held with the person in charge who then accompanied the inspector on a walk around of the centre. During the walk around, it was evident to the inspector that residents in the centre knew the person in charge well as they chatted to her on the walk around. The inspector observed that there was a relaxed and unhurried atmosphere on the morning of the inspection. Some residents were up and dressed and sitting in the day room while other residents were resting or being assisted with their personal care by staff.

Corpus Christi Nursing home is a two storey building located in close proximity to Mitchelstown, with accommodation for 42 residents located on the ground floor. Residents accommodation comprised 28 single rooms, 21 of which had en suite shower and toilets with the remaining rooms with hand wash basin only. Bedrooms in the newer part of the building were finished to a high standard with en-suite bathrooms. Renovations were ongoing on the day of inspection to add en suite showers, toilets and hand wash basins to five of the twin rooms in the older part of the centre. The inspector saw that work to these en suites was near completion. Once completed this would mean that six of the seven twin rooms would have en suite shower and toilet facilities with the remaining twin room having a shower and bathroom adjacent to it for residents' use. The inspector saw that six of the twin rooms had also increased in size and work was ongoing to improve the layout of these rooms to ensure residents' privacy and dignity was promoted. The inspector observed that residents' bedrooms were homely and personalised with pictures, photographs and other memorabilia. All bedrooms provided wardrobe and lockable drawer space for residents to store their clothes and personal possessions. The inspector saw that some areas of the centre required maintenance for example, flooring in a number of bedrooms, paintwork on some bedroom walls and doors and a few chairs required replacement.

There was plenty communal space in the centre with two large bright day rooms, a dining room, an oratory and a library. Directional signage in the centre was good throughout. Corridors and hallways were decorated with paintings and picture and

residents' artwork was also displayed throughout the centre. The inspector saw that a number of residents were mobilising independently through the centre or resting in the centre's bright reception area.

Due to the ongoing building work, there was no access to the internal secure courtyard. The provider had placed seating and a table outside the front of the centre and a number of residents were seen to go for walks around the front of the centre in the absence of the courtyard. The person in charge showed the inspector a designated area to be developed once the building works were complete to replace the loss of space in the courtyard area.

The inspector met the activities co-ordinator and an activities schedule was on display in the centre with activities scheduled over seven days. Photographs of residents enjoying social activities were displayed and the residents told the inspectors there was plenty for them to do in the centre and they enjoyed the activities. During the morning, residents watched mass on the dayroom's TV, followed by chats about the newspapers and a quiz. The inspector saw that the activities coordinator made the activities fun and engaged with residents during the sessions. A number of residents told the inspector that mass was important to them especially when it was celebrated by a local priest in the centre. During the afternoon a group of residents participated in a bingo session that was followed by a sing along session to an old musical on the smart TV.

The inspector observed the dining experience at lunch time. The dining room was nicely decorated. The lunch time menu choice was displayed in the dining room. The meals in general were well presented, looked appetising with adequate portion sizes. Residents were complimentary about the food and told the inspector that they had access to snacks throughout the day. The inspector observed that the lunch time meal was a social experience with residents chatting together or with staff during the meal. Care staff provided assistance to residents with their meals in a respectful and dignified manner.

The inspector observed that staff provided care and support in a respectful and unhurried manner throughout the day of the inspection. Staff were observed to be kind, compassionate and were familiar with residents' preferences and choices. One resident told the inspector that the centre was important to the community and as a lot of the staff lived locally and the residents were local, living in the centre felt like you were "going down the town." The inspector heard staff chat with residents about local news and were seen assisting residents to use electronic devices or to partake in activities as needed. Residents described person-centred and compassionate care and told the inspector they were listened to and respected by the staff and management in the centre.

The inspector also observed a number of visitors coming and going to the centre on the day of inspection in line with national guidance. Visitors and residents confirmed with inspectors that they were happy with the arrangements in place and that they were welcomed in the centre.

Residents views on the running of the centre were sought through regular residents

meetings and surveys. Findings from surveys from both residents and relatives were positive and were full of praise for staff working in the centre. It was evident that where residents raised issues these were addressed by the management team.

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

## Capacity and capability

In general, the inspector found that there were effective management systems in place in the centre to ensure that residents were provided with good quality care. The management team were proactive in response to issues as they arose during the inspection and the majority of the actions required from the previous inspection had been addressed or were underway. However, further oversight of the premises and infection prevention and control measures were required which are outlined in the quality and safety section of this report.

This unannounced inspection was carried out over one day to monitor compliance with the regulations and to inform decision making in relation to the registration renewal of the centre. There was a clearly defined management structure in place that identified the lines of authority and accountability. Staff working in the centre were aware of their roles and responsibilities.

Corpus Christi Nursing home is a designated centre, registered to accommodate 42 residents, that is owned by Shannore Limited who is the registered provider. The company, Shannore Limited had two directors, one of whom was involved in the operational management of the centre. The person in charge was an experienced nurse and was supported by a full time clinical nurse manager, a team of nursing staff, care staff, housekeeping and catering staff, administrative staff and two activities co-ordinators.

The person in charge demonstrated good knowledge of their role and responsibilities including good oversight of residents' care and welfare to continuously improve quality of care and quality of life. Arrangements were in place to monitor the quality and safety of the service. Audits were carried out regularly in the centre in relation to key quality of care issues for example, end of life care and care planning, as well as health and safety audits, hand hygiene and infection prevention and control and call bell audits. The provider had introduced an electronic audit system since the last inspection that the person in charge reported was working well. The person in charge collected and monitored key metrics such as pressure ulcers, falls, infections, antimicrobial usage and use of bedrails each week and used this information to monitor the quality of care provided to residents. The management team were working to implement structured quality and safety meetings and had held one meeting in 2022. The inspector saw that a template was in development to give structure to these meetings to ensure that risks, audits, health and safety and

resources issues were discussed and actioned from these meetings.

On the day of inspection, the staffing numbers and skill mix were appropriate, considering the dependency levels, to meet the assessed needs of the 33 residents living in the centre. There was no resident receiving end of life care on the day of inspection. Occupancy in the centre was reduced to facilitate the extension and the addition of en suite shower and toilets to a number of twin rooms in the centre. The person in charge provided assurances that staffing levels were monitored and adjusted according to residents assessed needs and occupancy in the centre. Resources for housekeeping had been increased by ten hours a week since the previous inspection. The provider had ensured that safe and effective recruitment practices were in place. Files of staff members were reviewed and found to contain all documents as required by the regulations including Garda Síochána vetting disclosures.

Staff spoken with had good knowledge of each resident's individual needs. There was a programme of training available to staff at the centre and uptake of training was monitored by the management team through a comprehensive training matrix. There was a structured programme of induction available for all newly recruited staff. Staff who spoke with the inspector were clear on how to identify, report and respond to abuse.

The inspector acknowledged that residents and staff living and working in centre had been through a challenging time with COVID-19 as the centre had experienced its first outbreak in the centre during January and February 2022 that impacted a number of residents and staff. During the outbreak, the centre had engaged with the local public health team for support and advice. The person in charge had implemented its contingency plan for staffing and its communication strategy for residents and their relatives. Following the outbreak, the person in charge completed an outbreak report as recommended in line with Health Protection and Surveillance Centre (HPSC) guidance to ensure that areas of improvement were documented and to inform future outbreak management. However some actions required in relation to infection control are discussed under regulation 27.

Based on a review of the electronic accident and incident log, notifications required to be submitted to the Chief Inspector were submitted within the specified time frames.

Policies and procedures were updated by the management team to include policies specific to COVID-19 and these were available to support staff in the safe and effective delivery of care to residents. The inspector reviewed the policies required by Schedule 5 of the regulations and all policies were up-to-date.

A review of the centres complaints register evidenced that complaints were welcomed and used to inform improvements in the service quality. Each complaint had been reviewed and investigated by the person in charge with the outcome of each complaint communicated to the complainant and the satisfaction of the complainant with the outcome. A complaints procedure was displayed at the main entrance that detailed the personnel involved in complaints management and the



complaints policy was up-to-date.

There was evidence of consultation with residents in the planning and running of the centre. Regular resident meetings were held and resident satisfaction questionnaires completed to help inform ongoing improvements and required changes in the centre. There was an annual review of the quality of care in the centre completed for 2021 which included consultation with the residents and incorporated their feedback.

#### Registration Regulation 4: Application for registration or renewal of registration

The provider submitted an application for renewal of registration to the office of the Chief Inspector in accordance with the registration regulations. Application fees were paid and the prescribed documentation was submitted.

Judgment: Compliant

#### Regulation 14: Persons in charge

The person in charge was a registered nurse who met the requirements of the regulation. She was actively engaged in the governance and day-to-day operational management of the service.

Judgment: Compliant

#### Regulation 15: Staffing

There was sufficient staff with an appropriate skill mix of staff on duty to meet the assessed needs of the current 33 residents and having regard to the size and layout of the centre. There was a second registered nurse on duty every day until 10pm in the centre. However if the centre was at full occupancy a second registered nurse would be required for the full night. The person in charge confirmed that staffing levels were continuously reviewed and would be adjusted as the centre's occupancy increased and residents' dependency needs.

While cleaning staffing resources had increased since the last inspection, the inspector was not assured that resources were sufficient to ensure that every room was cleaned everyday as outlined under regulation 27.

Judgment: Substantially compliant

### Regulation 16: Training and staff development

The provider had ensured that there was a schedule of both face to face training and online training available for staff to enable them to perform their respective roles. From review of training records and from observing and speaking with staff, it was evident to the inspector that staff working in the centre were up to date with mandatory training. Staff were appropriately supervised and supported to perform their respective roles by the person in charge and clinical nurse manager. The inspector saw that newly appointed staff were provided with an induction period.

Judgment: Compliant

### Regulation 21: Records

The inspector found that requested records were made available to the inspector and were seen to be stored securely in the centre. A sample of three staff files reviewed showed that they met the requirements of schedule 2 of the regulations. The inspector saw that garda vetting was in place in the staff files reviewed and assurance was provided to the inspector that Garda vetting was in place for all staff prior to commencement of employment in the centre.

Judgment: Compliant

### Regulation 22: Insurance

The provider had in place a contract of insurance that met the requirement of the regulation.

Judgment: Compliant

### Regulation 23: Governance and management

The inspector found there was a clearly defined management structure in place that identified lines of responsibility and accountability and staff were aware of same. The centre had sufficient resources to ensure effective delivery of care in accordance with the statement of purpose. There were good management systems

in place to ensure the service was safe, appropriate and effectively monitored. A comprehensive annual review of the quality and safety of care delivered to residents in the centre for 2021 was completed and available in the centre.

Judgment: Compliant

### Regulation 24: Contract for the provision of services

The inspector viewed a sample of contracts of care which contained details of the service to be provided and any additional fees to be paid.

Judgment: Compliant

### Regulation 3: Statement of purpose

The statement of purpose and floor plans were amended on the day of inspection to reflect the sizes of rooms such as a store room and ensuites in the centre and to meet the requirements of Schedule 1 of the regulations.

Judgment: Compliant

### Regulation 31: Notification of incidents

The inspector saw that the person in charge maintained an electronic record of all incidents that occurred in the centre. Based on a review of incidents, the inspector were satisfied that notifications, outlined in Schedule 4 of the regulations, had been submitted to the office of the Chief Inspector as required.

Judgment: Compliant

### Regulation 34: Complaints procedure

Residents who spoke with the inspector were aware how to raise a concern or make a complaint at the centre. The centre's complaint's procedure was displayed in the centre and included a nominated complaints officer. Complaints were seen to be recorded and included the outcome and whether the complainant was satisfied with the outcome.

Judgment: Compliant

#### Regulation 4: Written policies and procedures

The centre had a suite of written policies and procedures to meet the requirement of schedule 5 of the regulations. The inspector saw that these were updated every three years as required.

Judgment: Compliant

#### Quality and safety

Overall, residents were supported and encouraged to have a good quality of life in Corpus Christi, where management and staff promoted residents' rights. There was evidence that residents needs were being met through good access to healthcare services and opportunities for social engagement. However, the inspector found that some improvements were required in the management of infection control, premises and fire safety to promote residents' safety at all times.

The inspector was assured that residents' health care needs were met to a good standard. There was good access to general practitioner services, including out-of-hours services. There were appropriate referral arrangements in place to services such as dietetics, speech and language therapy, occupational therapy, dental and opticians. Residents' records evidenced that a comprehensive assessment was carried out for each resident. Validated assessment tools were used to identify clinical risks such as risk of falls, pressure ulceration and malnutrition. These assessments informed care plans, which guided staff to deliver individualised care. The inspector saw that behaviour support plans were in place for residents with responsive behaviours and the inspector saw staff engage with residents in a dignified and respectful way during the inspection.

Residents' hydration and nutrition needs were assessed, regularly monitored and met. There was sufficient staff available at mealtimes to assist residents with their meals. Residents with assessed risk of dehydration, malnutrition or with swallowing difficulties had appropriate access to a dietitian and to speech and language therapy specialists and their recommendations were implemented. Inspectors observed that residents were provided with a choice of nutritious meals at mealtimes. Meals appeared varied and wholesome. Food was seen to be served in an appetising and personal way. Residents were complimentary about the meals and snacks available in the centre.

In general, residents' rights were protected and promoted. Individuals' choices and

preferences were seen to be respected. Residents were consulted with about their individual care needs and had access to independent advocacy if they wished. Residents had access to facilities for occupation and recreation and opportunities to participate in activities in accordance with their interests and capacities. Visiting was facilitated in the centre in line with national guidance.

The inspector saw that renovations and improvements to the centre were ongoing at the time of the inspection. Six twin rooms in the centre had been extended in size to meet the requirements of the regulations and five of these rooms had en suite shower, toilet and hand basin added. The inspector was informed that progression with this work was delayed due to the outbreak in the centre. On the day of inspection, works to the en suites was near completion. Due to the building works, the internal courtyard space was reduced as external plastering and finishes to the extension was underway. The inspector was informed that another outdoor area was to be renovated to replace the outdoor space lost from the extension. Garden furniture had been moved to the front of the centre and residents who were not at risk of absconion could mobilise freely on the grounds of the centre. The inspector saw that further renovations were required to the centre such as paintwork to walls and doors. The person in charge told the inspector that this work was planned for after the main works were completed. This will be discussed under regulation 17.

Systems were in place to promote safety and effectively manage risks. The risk management policy included the regulatory, specified risks and a risk register was in place which included assessment of risks, such as risks related to residents' care and the controls in place to minimise risks of falls or absconion.

Staff demonstrated a clear understanding of fire safety precautions and had participated in evacuation drills. Up-to-date service records were in place for the maintenance of the fire equipment detection, fire alarm system and emergency lighting. Fire precautions were prominently displayed throughout the centre. Service records showed that the emergency lighting, fire alarm system and fire fighting equipment were serviced and fully maintained. The inspector saw that the means of escape and exits, which had daily checks, were unobstructed. Residents had Personal Emergency Evacuation Plans (PEEPs) in place and these were updated regularly. This identified the different evacuation methods applicable to individual residents for day and night evacuations. Fire evacuation drills were carried out with minimum staffing levels of the largest compartment in the centre. The inspector saw that occupancy of the largest compartment was reduced to 11 residents to facilitate the ongoing works in the centre. Work to reduce this compartment size was underway in the centre and while works to the attic was completed, the cross fire doors to reduce the compartment to three compartments was still outstanding, This is discussed under regulation 28.

The inspector saw that a number of infection control measures were in place and were monitored by the person in charge. Staff were wearing FFP2 masks in line with national guidelines. Staff had access to hand sanitiser dispensers through out the centre and aprons and gloves as needed. The inspector saw that the centre was clean and that rooms had regular deep cleaning. However some improvements were

required in relation to infection control are outlined under regulation 27.

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. The centre maintained a register of controlled drugs, which was checked and signed twice daily by two nurses.

### Regulation 11: Visits

Visiting was facilitated in line with the most recent national guidance. Visitors were welcomed into the centre and staff guided them through the COVID-19 precautions. The inspector saw and met a number of visitors coming and going to the centre during the inspection. Residents could meet their visitors in their rooms, in the seated reception area or one of the communal rooms.

Judgment: Compliant

### Regulation 17: Premises

The inspector observed that although the premises was generally appropriate to meet the needs of residents living in the centre, the following required action to comply with the requirement of Schedule 6 of the regulations:

- Floor covering was worn in a number of bedrooms and one of the corridors and required replacement
- a number of chairs in bedrooms in the centre were worn
- walls and doors in some of the bedrooms and corridors were marked and required repainting
- access to the enclosed courtyard area was not available due to the ongoing building works in the centre, the person in charge provided assurances that this would be remedied and the area extended, once the exterior building work was finished.

Judgment: Substantially compliant

### Regulation 18: Food and nutrition

The inspector saw that residents had a choice of meals at lunch time and residents told the inspector that they were happy with the standard of food provided.

Residents had nutritional plans in place that were regularly reviewed. The inspector saw there were adequate staff on duty to provide assistance to residents who required it. The inspector saw that meals served looked wholesome and nutritious and there were drinks and snacks provided to residents throughout the day.

Judgment: Compliant

### Regulation 20: Information for residents

The residents' guide was reviewed and found to include all the required information and was available to residents.

Judgment: Compliant

### Regulation 26: Risk management

The provider had an up to date risk management policy that met the requirements of the regulations.

Judgment: Compliant

### Regulation 27: Infection control

A number of issues were identified which had the potential to impact the effectiveness of infection prevention and control in the centre and required action. For example,

- The store room required to be de-cluttered so that it could be effectively cleaned.
- A crash mat was observed to be unclean.
- A number of fabric covered chairs were observed in residents' bedrooms, records of decontamination such as steam cleaning were not maintained for these items of furniture.
- The treatment room was not on a cleaning schedule and was observed to be dusty on the day of inspection.
- Storage cupboards in the treatment room were worn and could not be effectively cleaned.
- The hand hygiene sink had yet to be replaced following the last inspection as a replacement while ordered had yet to arrive.
- The cleaning trolley was observed to be unclean on the day of inspection and

cleaning cloths and brushes were worn, this was immediately addressed by the person in charge when brought to their attention.

- While staff cleaning hours had been increased since the previous inspection and a deep cleaning schedule for bedrooms was in place, the inspector was not assured that all bedrooms were cleaned every day as recommended in national guidance.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

The inspector saw that work to reduce the size of the largest compartment had commenced at the centre. However, a set of cross fire doors had yet to be fitted to reduce the compartment size from 16 to three smaller compartments.

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.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

From a review of a sample of care plans, it was evident that residents had a completed comprehensive assessment and care plan documented within the electronic nursing documentation system. Care plans were found to contain the detail required to guide care, in a person-centred manner. Care plans were reviewed every four months or more frequently, as required. These were supported by clinical risk assessments using validated tools and were seen to contain sufficient detail to guide staff.

Judgment: Compliant



## Regulation 6: Health care

The inspector found that residents' health care needs were well met, and they had access to appropriate medical and allied health and social care professionals. Residents were reviewed regularly by local GPs who attended the centre once a week and more frequently if required. Access to allied health was evidenced by regular reviews by the physiotherapist, dietitian, speech and language and podiatry as required.

Judgment: Compliant

## Regulation 7: Managing behaviour that is challenging

From discussion with the staff and observations of the inspector, there was evidence that residents who presented with responsive behaviours were responded to in a dignified and person-centred way by staff. This was reflected in responsive behaviour care plans reviewed. The principles of a restraint-free environment were promoted by the person in charge and staff at the centre and the inspector saw evidence of alternatives to bedrails in use for residents at risk of falls.

Judgment: Compliant

## Regulation 8: Protection

Staff were up to date with safeguarding training and staff who spoke with the inspector demonstrated an awareness of the need to report if they ever saw or heard anything that affected the safety or protection of a resident. The inspector saw that the provider was a pension agent for a number of residents. There were robust systems in place for the management and protection of residents finances.

Judgment: Compliant

## Regulation 9: Residents' rights

Residents rights and wishes were found to be generally promoted in the centre. Staff and residents assured the inspector that choices were respected in relation to visits, meals, bedtimes, newspapers, mobile phones and smoking choices. For example, the inspector saw that residents moved freely around the centre, some got up for breakfast and others dined in their bedroom. Residents could sit in private or

participate in activities if they chose. Activity provision was provided seven days per week to ensure residents' social and communication needs were met and supported. These activities included group crosswords and quizzes, arts and crafts, group exercises, bingo, baking and sonas group. A dedicated and enthusiastic staff member was seen to lead out on activities and engage residents in the sessions on the day of inspection.

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>	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	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 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant



# Compliance Plan for Corpus Christi Nursing Home OSV-0000216

Inspection ID: MON-0036387

Date of inspection: 25/05/2022

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

## Section 1

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

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: We will ensure that every room is on the Daily cleaning schedule.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: The maintenance Issues raised in the report will be addressed immediately  The Enclosed area is now back open and paved following the addition the ensuites.	
Regulation 27: Infection control	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Infection control: <ul style="list-style-type: none"> <li>• The store room has been decluttered</li> <li>• The crash mat has been replaced</li> <li>• Steam Decontamination records are now in place for the fabric furniture</li> <li>• Treatment Room is now in the cleaning schedule</li> <li>• Damaged storage cupboards have been removed from the Treatment room</li> <li>• We continue to try to source hand hygiene sink units. To Date we are unsuccessful</li> <li>• Cleaning trolley has been cleaned and will be kept clean</li> </ul>	

- All rooms will be on the daily cleaning schedule

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:  
The fire compartments are now complete. There is now two compartments one is 10 residents and one is 6 residents.

## 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 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	04/07/2022
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	04/07/2022
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and	Substantially Compliant	Yellow	01/07/2022



	control of healthcare associated infections published by the Authority are implemented by staff.			
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	04/07/2022