Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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:	21 May 2026
Centre ID:	OSV-0000216
Fieldwork ID:	MON-0050223

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 six 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:	42

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
Thursday 21 May 2026	09:40hrs to 17:40hrs	Siobhan Bourke	Lead

What residents told us and what inspectors observed

This was a one day unannounced inspection to monitor compliance with the regulations. Residents living in Corpus Christi, who talked to the inspector, spoke very highly of the care and kindness they received from the staff working in the centre. A resident told the inspector they were "overwhelmed by the kindness they received from staff" and another resident told the inspector that "you couldn't get any better care."

The inspector met with many of the residents and spoke with ten residents in more detail. During the day, the inspector also met with six visitors who also gave positive feedback regarding the care and attention their relatives received in the centre. The inspector spent time observing daily life in the centre, to gain an insight into the lived experience of residents.

Corpus Christi Nursing home is located in close proximity to Mitchelstown, with accommodation for 42 residents located on the ground floor. Administration offices and staff areas are located on the upper floor in the centre. The reception area was a bright, welcoming space for residents. There was a smoking room adjacent to the reception area, for residents who smoked. Bright coloured comfortable seating was available for residents use. The inspector saw that many of the residents sat and chatted with their visitors in this area throughout the day. The building was well-lit, warm and adequately ventilated throughout. There were four communal areas available for residents use, including a dining room, two day rooms and a small oratory. The inspector saw that the communal rooms were well maintained and brightly decorated with pictures and some walls displayed artwork created by residents.

Many residents' bedrooms were decorated with personal items of significance, such as ornaments and photographs. The inspector saw that equipment such as pressure mattresses, crash mats and low beds were in use in residents' bedrooms. Bedrooms were observed to be generally clean. Some wear and tear was noted on walls in some residents' bedrooms and along skirting boards and bedroom doors in the centre. Flooring on some of the centre's corridors was worn and required replacement. The provider assured the inspector that there was a rolling programme to replace the flooring in these areas. These and other findings will be discussed further in the report.

There was a small secure outdoor area that could be freely accessed from the centre. This area had seating and tables for residents' use. Some of the residents choose to sit outside the front door of the centre, where seating was also available. The inspector saw that there were a few raised garden beds in an outdoor area adjacent to one of the day rooms. Local volunteers working with the tidy towns and

students from the local schools attended the centre to work with residents with planting and maintaining these raised beds during the year.

Residents were seen to be moving freely and unrestricted throughout the centre on the day of inspection. All interactions observed were person-centred and courteous. The inspector saw that where they had time, staff sat and chatted with residents in a very person centred manner. Staff were responsive and attentive without any delays with attending to residents' requests and needs. Residents who spoke with the inspector said that they felt safe, and that they could speak with staff if they had any concerns or worries. There were a number of residents who were not able to give their views of the centre. However, these residents were observed to be content and comfortable in their surroundings.

The inspector saw that that residents were offered a choice of main course and dessert for their lunch time meals. Residents were very complimentary regarding the quality and choices of meals available. The home baked goods served in the centre were also enjoyed by residents. The inspector saw that there were also frequent drinks and snack rounds offered during the day. The lunch time meal was observed to be a sociable dining experience and the inspector saw that where residents required assistance, they were offered this, in an unhurried and respectful manner.

The provider employed two activity staff to facilitate the activity programme that was scheduled over the seven days of the week. During the morning, many of the residents participated in an arts activity after watching mass on the TV. The hairdresser attended the centre every Friday, but also attended the centre on the day of inspection to support a resident with their hair and make up for a very special birthday celebration. A lively party was ongoing for the afternoon attended by the external musician, staff and management, residents and family members.

The inspector saw the schedule of activities included exercise sessions, baking session, Sonas therapy, reminiscence, a men’s group and a ladies group. A local priest attended the centre once a month to celebrate mass with residents. The activity co-ordinator also provided residents with one-to-one activities, should they choose to stay in their bedrooms. Residents had access to independent advocacy as required. The provider sought residents’ views on the running of the centre through residents meetings and surveys. Outings from the centre were planned to local cafes and local amenities such as Doneraile Park in the coming weeks. From a review of the minutes of the most recent residents' meeting in the centre, residents gave positive feedback regarding the activities available, the care provided and the quality of the food served in the centre.

Overall, residents living in Corpus Christi gave very positive feedback regarding their quality of life and the service they received in the centre. However, a number of residents who spoke with the inspector, raised a concern regarding a letter they had recently received from the provider. This letter indicated that for residents living in the centre, an additional fee of 40 euro per month for each resident for GP services was proposed. Residents were distressed by this extra charge and the financial impact it would have on them.

The next two sections of this report will present findings in relation to governance and management in the centre, and how this impacts on the quality and safety of the service being delivered.

Capacity and capability

This was an unannounced inspection to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The inspector found that overall, the centre was well-managed, whereby residents were supported and facilitated to have a good quality of life. Some action was required to come into compliance with the regulations as detailed further in this report, under the relevant regulations.

Corpus Christi Nursing home is a designated centre, owned by Shannore Limited who is the registered provider.The registered provider company comprises two directors, one of whom is actively involved in the operational management of the centre.

The inspector found that there were clear lines of accountability and responsibility in place. The director of nursing was the person in charge and was supported in their role by a clinical nurse manager. A second clinical nurse manager was on induction on the day of inspection. There was a full team of nursing, healthcare staff, activity staff and housekeeping staff working in the centre. From speaking with staff, management and residents, and from review of the rosters, it was evident that the number and skill mix was appropriate to meet the assessed needs of the 42 residents living in the centre.

There was an ongoing schedule of training in the centre and management had good oversight of mandatory training needs. An extensive suite of mandatory training was available to all staff in the centre and training was up-to-date. There was a high level of staff attendance at training in areas such as fire safety, manual handling, safeguarding vulnerable adults, management of responsive behaviour, and infection prevention and control. The clinical nurse manager had recently attended training, to become a facilitator for detecting deterioration in residents, as part of a national programme.

The person in charge ensured that there were management systems in place to oversee the quality and safety of care provided to residents. There was a schedule of audits in place that included, monitoring of residents' care plans, infection prevention and control and medication management. Monitoring of key clinical risks to residents such as falls, pressure ulcers, antibiotic usage, residents with responsive behaviour were monitored closely. Surveillance of health care associated infection (HCAI) and multi-drug resistant organism (MDRO) colonisation was routinely undertaken and recorded.

The provider ensured that there were effective communication systems in place with staff and management through handover, staff meetings and management meetings.

An annual review of the quality and safety of care provided to residents in 2025 was prepared and available to review.

Records of incidents was maintained on an electronic system in the centre and from a review of these records, it was evident that required notifications were submitted to the Office of the Chief Inspector.

The centre's complaints procedure was displayed in the centre and residents who spoke with the inspector were aware how to make a complaint. From a review of the records of complaints maintained in the centre, it was evident that complaints were investigated by the person in charge and actioned as required.

Regulation 14: Persons in charge

The person in charge had the necessary qualifications and management experience to meet the requirements of the regulation. It was evident to the inspector that they were knowledgeable regarding their roles and responsibilities and residents' assessed needs.

Judgment: Compliant

Regulation 15: Staffing

The number and skill mix of staff was appropriate having regard for the layout of the centre and the assessed needs of the 42 residents living in the centre.

Judgment: Compliant

Regulation 16: Training and staff development

There was good oversight of the uptake of mandatory training by the person in charge. From a review of the training matrix and from speaking with staff, it was evident that staff were supported to attend both in-person and online training appropriate to their role. There was good supervision of staff by the person in charge and the clinical nurse manager on the day of inspection.

Judgment: Compliant

Regulation 21: Records

Requested records were made available to the inspector. The inspector reviewed a sample of staff files and found that they contained the information required under Schedule 2 of the regulations.

Judgment: Compliant

Regulation 23: Governance and management

The inspector found that the provider ensured that the centre was adequately resourced to ensure the delivery of care in accordance with the statement of purpose.

There was a clearly defined management structure in place and staff demonstrated awareness of their roles and responsibilities.

Management systems were in place to monitor the safety and quality of care provided to residents.

An annual review was prepared and available to review and it was evident that it had been prepared in consultation with the residents.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents were notified to the Office of the Chief Inspector in accordance with the requirements of Schedule 4 of the regulations within the required time frame of their occurrence.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints procedure was displayed in the centre and residents who spoke with the inspector were aware how to raise a complaint. From a review of the complaints log, it was evident that complaints were investigated and actioned in line with the centre's policy.

Judgment: Compliant

Quality and safety

Residents living in Corpus Christi were supported to enjoy a good quality of life and were in receipt of a good standard of care. Residents' needs were being met through good access to health care services and good opportunities for social engagement. It was evident that residents received person-centred and safe care, from a team of staff who knew their individual needs and respected their choices. Some action was required with regard to premises, fire precautions and infection control to ensure full compliance with the regulations.

Residents had good access to GP services, whereby a GP attended the centre once a week to review residents, as required. From a review of records, it was evident that residents had good access to health and social care professionals and evidence of referral to dietitians, speech and language therapists and tissue viability nursing was available. It was observed that residents were provided with a good standard of nursing care and there was appropriate oversight of residents' clinical care by the person in charge and clinical nurse manager.

There were adequate arrangements in place to monitor residents at risk of malnutrition or dehydration. This included ensuring monitoring of residents' weights and timely referral to dietetic and speech and language services to ensure best outcomes for residents. Residents were very complimentary regarding the choices and quality of food and drinks available to them.

Residents who spoke with the inspector reported feeling safe living in the centre. Staff were provided with training on safeguarding vulnerable adults and were aware how to raise any concerns.

Residents' bedrooms were personalised and residents who spoke with the inspector confirmed that they were cleaned every day. The inspector saw that bedrooms were scheduled to be deep cleaned regularly. The clinical nurse manager was assigned as the lead for infection control and completed link nurse training in this regard. There had been no outbreak of viral infection in the centre, in the previous 12 months. Residents who were colonized with MDROs were monitored and this was reflected in their care plans. Some action was required with regard to hand hygiene facilities as outlined under Regulation 27; Infection control.

The fire safety folder was examined and fire safety in the centre was underpinned by a fire safety policy that was available for staff guidance. Records of daily and weekly checks of the emergency exits and fire alarm testing were maintained. Staff, who spoke with the inspectors, were knowledgeable regarding fire safety procedures in the centre. Residents' personal emergency evacuation plans were readily available and updated as required. While simulations of fire evacuations were conducted, simulation of the largest compartment with minimum staffing levels had not been completed in the months prior to the inspection as outlined under Regulation 28;Fire precautions.

Residents' rights were promoted and respected by staff and management working in the centre. Two activity staff ensured residents had access to meaningful opportunities for social engagement in line with their capabilities and interests. Residents' views on the running of the centre was sought through residents' meetings that were held every quarter and annual residents' surveys.

Regulation 17: Premises

There following issues with regard to the premises required action to meet the requirements of Schedule 6 of the regulations;

- flooring in a number of corridors and in some residents' bedrooms was worn and required review
- a lock on a bathroom door was broken and required replacement
- paintwork on skirting boards and some of the doors in the centre were chipped and marked and required repair
- paintwork in some residents' bedrooms was marked and chipped and required repair.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

The inspector saw that residents had a choice of meals at lunch time and residents, who spoke with the inspector, gave positive feedback on the choices and quality of food provided to them. The lunch time meal was well presented and residents who required modified textured diets were presented with appetising and nutritious meals. The inspector saw that residents who required assistance were attended to in an unhurried and dignified manner.

Judgment: Compliant

Regulation 27: Infection control

The provider generally met the requirements of Regulation 27; Infection control and the National Standards for infection prevention and control in community services (2018). However, further action is required to be fully compliant as evidenced by the following findings:

- The cleaning trolley was observed to be unclean which may lead to cross contamination
- Residents' toiletries were stored on shelving in shared rooms which may result in a risk of cross contamination.
- a grab rail surrounding a toilet was rusted and worn and therefore could not be effectively cleaned.
- Hand hygiene signage was not in place over two hand hygiene sinks in the centre, to prompt staff to carry out hand hygiene practices effectively.
- the number of hand sanitisers available for staff use in the centre required review to ensure immediate access to hand sanitising facilities at the point of care delivery.

Judgment: Substantially compliant

Regulation 28: Fire precautions

While the provider conducted drills, records did not indicate that simulations of evacuations of the largest compartment in the centre were conducted with minimum staffing levels available on a regular basis to ensure staff were competent and confident such a fire occur in the centre.

A number of bedroom fire doors in the older part of the building, required replacement and the provider had a plan in place to replace these in the coming weeks.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

The inspector reviewed a sample of care plans and found overall care plans were person centred. Validated assessment tools were used to inform care planning. Care plans were updated when a resident's condition changed or every four months as required in the regulations.

Judgment: Compliant

Regulation 6: Health care

Residents living in the centre had good access to general practitioner(GP) services from a local GP practice. A GP was onsite once a week to review residents as required.There was good access to physiotherapist, speech and language therapists and dietitians. Community services such as palliative care team members attended the centre as required.

Judgment: Compliant

Regulation 8: Protection

The inspector found that staff working in the centre, were knowledgeable regarding safeguarding vulnerable persons and had received suitable training in this regard. Any allegations or incidents of abuse were investigated as required by the person in charge. Residents who spoke with inspectors reported that they felt safe living in the centre. The provider was not a pension agent for any residents.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector saw that there was a schedule of activities in the centre that was supported by two activity staff. Residents choices were respected in the centre and residents had access to advocacy services as required. Residents' views on the running of the centre were sought through residents' meetings and surveys that were held regularly in the centre.

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
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Corpus Christi Nursing Home OSV-0000216

Inspection ID: MON-0050223

Date of inspection: 21/05/2026

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 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: A programme for replacement of damaged floors had commenced, a contractor has been appointed and has started, the programme will continue throughout the summer until they are complete. The Lock has now been replaced Any outstanding maintenance issues identified on the day have been completed.	
Regulation 27: Infection control	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Infection control: A deep clean was carried out on the cleaning trolly following the inspection, it will be routinely cleaned going forward. Residents toiletries will be stored in an appropriate manner clearly identifying the resident. Any damaged grab rails will be replaced. Signage has been placed on the sinks. Additional hand sanitisers will be placed on the corridor to ensure effective hand hygiene.	

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

Simulations of evacuations of the largest compartment have been carried out in the center with minimum staffing levels available. We are ensured this can be done in an acceptable time.
As discussed during the inspection this had been identified, a contractor has been appointed and the doors will be replaced over the summer.

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 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	01/09/2026
Regulation 27(a)	The registered provider shall ensure that infection prevention and control procedures consistent with the standards published by the Authority are in place and are implemented by staff.	Substantially Compliant	Yellow	01/09/2026
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting	Substantially Compliant	Yellow	01/09/2026

	equipment, suitable building services, and suitable bedding and furnishings.			
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 practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	30/06/2026