



**Health  
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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:	23 January 2024
Centre ID:	OSV-0000216
Fieldwork ID:	MON-0038097

## 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:	40
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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
Tuesday 23 January 2024	09:00hrs to 17:30hrs	Robert Hennessy	Lead

## What residents told us and what inspectors observed

Overall, the registered provider supported residents to have a good quality of life in the designated centre. Residents spoken with on the day of inspection were complimentary of the service provided to them. The inspector met with most residents on the day of inspection and spoke with five in more detail. The resident spoken with said how they had "no complaints" and were "very well treated". Four people who were visiting the centre and were also spoken with by the inspector were all very complimentary of the service being provided to their family members.

This was an unannounced inspection to monitor compliance with the regulations. On arrival, the inspector met with the person in charge. An opening meeting was held, following this the inspector was accompanied on a walk around of the centre. Residents were met on the walk around relaxing in the day room, heading down for breakfast in the dining room, and other residents were being supported with morning personal care. Residents were unhurried and there was a relaxed atmosphere in the centre. The person in charge knew the residents well and interacted with residents in a positive manner during the walk around.

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. There were rooms by staff upstairs in the centre. There were 40 residents residing in the centre on the day of inspection. Bedrooms in the newer part of the building were finished to a high standard with en-suite bathrooms. 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.

There was large communal areas for residents with two large bright day rooms, a dining room, an oratory and a library. There was open seating area at reception which was used by visitors on the day of inspection. The inspector saw that there were clinical hand wash sinks being stored in the reception area which were going to be installed in the treatment and sluice room of the centre. Directional signage was well displayed throughout the centre which provided appropriate guidance to residents and staff around the centre. Corridors and hallways were decorated with paintings and picture and residents' artwork was also displayed throughout the centre. There was an outdoor space with a seating area which residents could utilise in better weather.

Activities were ongoing throughout the day of inspection and there was an activities schedule available to residents every day with a dedicated activities coordinator identified on the roster each day to provide this. Residents spoken with were happy with the activities available to them and the inspector observed the activity personnel were engaged with the residents in a positive and fun manner.

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. Staff provided assistance to residents with their meals in a respectful and dignified manner.

The inspector saw how the staff, in the centre, interacted and supported residents throughout the day. This was done in a respectful and patient manner. Staff were familiar with residents' preferences and needs. Residents spoke about staff members and how they held them in high regard.

Visitors were observed coming and going from the centre throughout the day, and visitors used different parts of the centre to spend time with their family members. Visitors were happy with the arrangements for visiting and spoke highly of the support and care their loved ones received.

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

## Capacity and capability

In general, Corpus Christi Nursing Home was a well-managed centre where residents received good quality care and services. Some areas found on this inspection that require action related to the governance of fire safety and the level of staffing available to residents at night time. These will be further detailed under the relevant regulations.

This was an unannounced inspection conducted by the inspector of social services, to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. There was evidence that the registered provider and team of staff were committed to ongoing quality improvement, for the benefit of the residents who lived in the centre.

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 day to day management of the centre. The person in charge was an experienced nurse who was supported by a clinical nurse manager, nursing staff, care assistants, housekeeping staff, catering staff, administration staff and two activities co-ordinators.

The inspector was not assured that staffing levels, especially during the night, was sufficient to support the 40 residents in the centre. This was discussed and identified in an inspection on the 25th of May 2022 as being a potential problem if the centre was nearing full capacity of residents, at the time of this inspection there were 33 residents in the centre.

There was a programme of training in place and staff received mandatory training and received training specific to their roles. The monitoring of training was evident with a comprehensive training matrix made available to the inspector. Staff interacted well with residents throughout the day of inspection and it was evident that they were familiar with their needs.

Records in the centre were freely made available to the inspector on the day of inspection. Records were well maintained and stored in a secure manner.

The person in charge had a good oversight of residents' care and welfare and continued to work towards giving residents an improved quality of service. A comprehensive system of audit was in place which identified areas of improvement. An annual review had been completed to monitor the quality and safety of the service. Staff meetings and residents' meetings took place regularly and actions were identified from these meetings which the management team acted upon.

The incident log in the centre was viewed. Incidents had been notified to the Chief Inspector and this had been done in line with the regulations and in a timely manner.

An up to date complaints procedure was available to residents and was on display near the entrance of the centre. The statement of purpose had also been updated to contain the latest information in relation to the complaints regulation. Complaints made in the centre were recorded, reviewed and investigated by the person in charge of the centre. The outcome and actions of these complaints were recorded.

#### 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. It was evident that she was well known to the residents.

Judgment: Compliant

#### Regulation 15: Staffing

The staff numbers and skill mix viewed on the staff roster at night did not provide assurances to the inspector that the number and skill mix of staff was appropriate having regard to the needs of the residents and the size and layout of the centre. From 11pm to 8am each night there was only one nurse and two care assistants at this time to provide care for 40 residents. Six residents had been assessed as having maximum level of dependency needs and nine residents had a high level of dependency needs which may require the support of two staff for their care needs.

On a previous inspection of the centre it was identified that staffing levels would require review and increasing as the number of residents increased in the centre. During that inspection, there were only 33 residents residing in the centre at the time and there was the same number of night staff. Therefore there has been an increase of seven residents and no corresponding increase in staffing at night.

Judgment: Substantially compliant

### Regulation 16: Training and staff development

It was evident that staff had received mandatory training and this was kept up to date and refresher training was undertaken by staff regularly. Staff were supervised and supported by the person in charge and a clinical nurse manager.

Judgment: Compliant

### Regulation 19: Directory of residents

The directory of residents contained all the information required in Schedule 3 of the regulations.

Judgment: Compliant

### Regulation 21: Records

Documents requested were promptly made available to the inspector. Staff records examined contained the information required under Schedule 2 of the regulations.

Judgment: Compliant

## Regulation 23: Governance and management

The inspector was not assured that management systems were in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored and actions were required in relation to:

- staffing levels required review in line with increasing number of residents discussed under Regulation 15
- infection prevention and control issues discussed under Regulation 27.

Judgment: Substantially compliant

## Regulation 24: Contract for the provision of services

Contracts for the provision of care were viewed and the sample viewed contained details of the service provided and any fees associated with this service

Judgment: Compliant

## Regulation 3: Statement of purpose

The statements of purpose contained all the information required by Schedule 1 of the regulations and clearly described the service provided.

Judgment: Compliant

## Regulation 31: Notification of incidents

A log of incidents was maintained in the centre and the inspector was satisfied that notifications under Schedule 4 of the regulations had been submitted as required.

Judgment: Compliant

## Regulation 34: Complaints procedure

Residents were aware of how to make a complaint and the complaints policy had taken in account the latest regulations. Complaints were seen to be logged and the outcome of the complaint documented along with the satisfaction of the complainant..

Judgment: Compliant

#### Regulation 4: Written policies and procedures

Written policies were available that met Schedule 5 of the regulations. These policies were due for renewal in the month following the inspection.

Judgment: Compliant

### Quality and safety

In general, inspectors found that residents had a good quality of life in the centre with their health care and well being needs being met by the provider. Residents were protected from harm and abuse, and visiting arrangements promoted the well being of residents. However, some action was required in relation to infection prevention and control.

The premises was spacious and appropriate for residents. Storage in the centre had improved, since the last inspection, with the storerooms now more organised. There was plentiful communal space available to residents. An enclosed outdoor area could be used in finer weather with appropriate seating available to residents.

The inspectors found that residents health care needs were met to a high standard. Residents had access to GP services both regularly and as required, and were referred to other allied health care services when needed. Assessments used in care planning were comprehensive, giving relevant information to guide staff to deliver person centred care for residents. Care plans were reviewed every four months or sooner if required.

Visitors had unrestricted access to their loved ones for visits. Both communal and private spaces were used by visitors. Visitors that spoke with the inspector were very happy with support and care their loved ones received.

Food and drinks were made available throughout the day. Residents could choose from a varied menu for their meals. Mealtimes were a social experience for the residents. Support by staff was given to residents requiring it. The food being served on the day of inspection appeared nutritious and appetising.

The risk management policy was appropriate and reviewed regularly by the management of the centre. The centre did not act as a pension agent for any of the residents. Staff had up to date safeguarding training which educated the staff on how to protect residents.

The premises was clean the day of inspection with cleaning schedules in place for each room. New clinical hand wash sinks had been sourced by the centre. These were seen on the day. The sinks were awaiting plumbing works in the clinical treatment room and the sluice room (a room used for the safe disposal of human waste and disinfection of associated equipment). The sluice room also had a new bed pan washer in place. Some bedroom and bathroom furniture was worn and this could not assure the inspector that these could be effectively cleaned.

Fire safety was being well managed overall, but some action is required to be fully compliant with the regulation. Residents were being protected from the risk of fire by a number of measures taken by the provider. The emergency lighting system was being certified on a three-monthly basis. Fire equipment had been serviced as required. The fire evacuation drills had taken place along with fire-safety training of staff members. However, one fire door of the doors that were checked did not operate correctly, this was rectified before the inspection was complete. Some residents required ski sheets, which help with the evacuation in the event of a fire, were not present on the beds of the residents that required them. These were sourced and put in place during the inspection.

Residents' rights were protected and promoted. Residents could choose how and where to spend their day. Individuals' choices and preferences were seen to be respected. Choice was available at meal times for the residents. There was a person dedicated to managing activities in the centre each day. Residents' bedrooms were decorated and had personalised items to the residents' choosing. Resident meetings were held which ensured that residents were engaged in the running of the centre. Residents were consulted with about their individual care needs and had access to independent advocacy if they wished.

### Regulation 11: Visits

Visitors were facilitated throughout the day for residents. Visitors could use the reception area, the communal rooms and their own room for visitors.

Judgment: Compliant

### Regulation 17: Premises

The premises was appropriate to the needs of the residents. There was adequate outdoor and communal space for the residents. Storage areas had been improved and now were more organised for staff to use.

Judgment: Compliant

### Regulation 18: Food and nutrition

Residents had a good choice at mealtimes. The residents spoken with were happy with quality of the food available. Food appeared nutritious and appetising. Residents were assisted by staff appropriately when required.

Judgment: Compliant

### Regulation 26: Risk management

The provider had an up to date risk management policy which contained measures and actions to control risks identified. The actions and measures were in place to control the specified risks identified in the regulation.

Judgment: Compliant

### Regulation 27: Infection control

Action was required in order to ensure that the provider ensures that procedures, consistent with standards for the prevention and control of health care associated infections are implemented by staff:

- although suitable clinical hand wash sinks had been acquired they were yet to be installed
- there were worn surfaces in the residents' rooms, on bedroom furniture and on shelving in bathrooms, which would impede effective cleaning.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

The following were actions identified in relation to fire precautions on the day of inspection by the inspector, evidence of these actions being completed was available before the end of the inspection:

- evacuation equipment identified on residents' personal emergency evacuation plans were not present on the beds checked during inspection
- a fire door did not operate correctly.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

The care plans reviewed were person centred, with completed comprehensive assessments. Care plans had detailed information which guided care. Care plans were reviewed every four months or more frequently as required.

Judgment: Compliant

### Regulation 6: Health care

The inspector found that residents' health care needs were well met and had appropriate medical and allied health professionals. Residents had good access to the general practitioner (GP) with the GP attending the centre at least once a week and as required.

Judgment: Compliant

### Regulation 8: Protection

Staff in the centre had up to date safeguarding training and were aware of how to report any concerns they may have regarding the safety of residents. The centre did not act as pension agent for any of the residents.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents rights and wishes were well promoted in the centre and residents' choices were also respected in the centre. Residents had choice of when and where they had their meals for example, people were seen going to the dining area for breakfast at different times. There was an dedicated activities person each day in the centre including weekends. Residents meetings took place monthly and it could be seen from the notes that the provider was responsive to the request made by residents.

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	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially 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	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	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-0038097

Date of inspection: 23/01/2024

## 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
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:            PIC will keep the staffing level monitored according to the needs of the residents. Moving forward there will be 2 SRN's rostered at night</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:            PIC will keep the staffing level monitored according to the needs of the residents. Moving forward there will be 2 SRN's rostered at night</p> <p>Clinical wash sink will be installed this week, as finding it difficult to get the plumber to install same. Maintenance issues identified have been rectified.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:            Clinical wash sink will be installed this week, as finding it difficult to get the plumber to install same. Maintenance issues identified have been rectified.</p>	

## 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	30/04/2024
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	30/04/2024
Regulation 27	The registered provider shall ensure that procedures, consistent with the	Substantially Compliant	Yellow	31/03/2024

	standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.			
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