



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:	16 September 2024
Centre ID:	OSV-0000216
Fieldwork ID:	MON-0038096

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:	41
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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
Monday 16 September 2024	17:30hrs to 20:30hrs	Robert Hennessy	Lead
Tuesday 17 September 2024	10:15hrs to 16:00hrs	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. This inspection was conducted over an evening time and the following day.

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 which were used by staff upstairs in the centre. There were 41 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 during the inspection. 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 pictures which were on displayed throughout the centre. There was an spacious area outdoor with seating available which residents could access freely.

The centre was clean during the inspection. There were systems and checks in place to ensure the rooms of the centre remained clean. Clinical hand wash sinks were now in place for staff to use in two locations in the centre.

Activities were ongoing throughout the day of inspection. 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. The inspector observed the activities throughout the day and most residents participated in these activities.

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 very familiar with residents' preferences and needs. Residents spoke about staff members in high regard and how helpful the staff team was for them. During the evening part of the inspection it could be seen that residents were being supported to get to bed at a time of their choosing and there was a relaxed atmosphere.

Visitors were observed in the centre during the inspection. Visitors had easy access to the centre and were seen coming in during the evening on the first day of the inspection and staff were seen welcoming them throughout the inspection. The

visitors were well known to the staff and management.

The lunch time meal was observed by the inspector. Residents were given choice at this time and the meals appeared appetising. Residents were complimentary of the food and said that all their needs were catered for at meal times. The meal time was a social experience for the residents and staff provided assistance when and where required by residents.

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

Corpus Christi Nursing Home was a well-managed centre where residents received good quality care and services. This was an unannounced inspection conducted over a evening and the following day by an 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 was a well-managed centre where residents received good quality care and services.

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.

Staffing levels in the centre had increased to have two staff nurses working at night in the centre. This allowed for more support to residents at night and for further supervision of the care staff.

The directory of residents was viewed and contained the information required by the regulation. The insurance policy that was in place in the centre was adequate.

The training records of the staff showed that staff training was up to date. The training undertaken by the staff was suitable for their roles in the centre.

Notification and complaints were managed in an appropriate manner. Notifications were submitted in line with the requirements of the regulations. Complaints were dealt with and acknowledged with the satisfaction of the complainant.

Regulation 14: Persons in charge

The person in charge was suitably qualified and met the requirements of the regulations. They demonstrated good knowledge of their role. They were also well known to both residents and visitors in the centre.

Judgment: Compliant

Regulation 15: Staffing

Staffing levels had improved since the last inspection. There were now two staff nurses in the centre at night to provide support to the residents. Staffing levels throughout the day and night were found to be adequate for the needs of the residents taking into account the size and layout of the building.

Judgment: Compliant

Regulation 16: Training and staff development

From review of the training schedule in the centre, it was evident that staff had received mandatory training and this training was updated as required.

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 22: Insurance

The insurance policy for the centre was viewed and found to be appropriate for the centre and met the requirements of the regulation.

Judgment: Compliant

Regulation 23: Governance and management

There were effective governance and management arrangements in place with clear lines of accountability and responsibilities outlined. Management systems in place enabled the service to be consistently and effectively monitored, to ensure a safe and appropriate service. An annual review had been completed for 2023, which complied with the requirements of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

A record of notifiable incidents was being maintained in the centre. Based on a review of a sample of incidents, the inspector was satisfied that notifications had been submitted as required by the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

The centre's complaints procedure was displayed in the centre and included a nominated complaints officer. Both verbal and written complaints were seen to be recorded and included the outcome and whether the complainant was satisfied with the outcome.

Judgment: Compliant

Quality and safety

The inspector 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 able to go out into the community independently and also had visitors throughout the day.

Residents that had communication needs were facilitated and the centre had provided alternative methods of communication for these residents. Residents had a

guide available to them which provided information on the running of the centre including the complaints process of the centre.

The premises was spacious and appropriate for residents. There was adequate communal space available to residents. An enclosed outdoor area could be used in finer weather with appropriate seating available to residents. Residents had enough space to store their personal possessions and their laundry was well managed by the centre.

The inspectors found that residents health care needs were well met. 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.

The premises was found to be 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 placed in the different areas of the centre for staff use.

Fire safety was being well managed overall. 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. Fire doors checked worked correctly and ski sheets were in place for residents that required them.

Medicines were managed securely in the centre. Medicines were safely stored and dispensed in line with the prescribed guidelines.

Regulation 10: Communication difficulties

Residents with communication difficulties were supported by information in their care plans. Residents who did not have English as their first language were helped with interpreters and were facilitated to have television channels in their native language available on their televisions in their rooms.

Judgment: Compliant

Regulation 12: Personal possessions

Residents had adequate space for personal items and to store their possessions. Residents had access to lockable secure storage in their rooms. Laundry was well managed and collected and returned to residents throughout the week.

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 in the centre were tidy and items were stored off the floor.

Judgment: Compliant

Regulation 20: Information for residents

The resident information guide contained the details required by the regulations including the arrangements for complaints and advocacy services in the centre.

Judgment: Compliant

Regulation 27: Infection control

The centre was clean and there was good systems of cleaning in place. The centre had a infection prevention and control link practitioner in place. Two new clinical hand wash sinks were available to staff in different locations in the centre.

Judgment: Compliant

Regulation 28: Fire precautions

The fire safety management folder was examined. Fire door that were checked operated correctly. Residents had Personal Emergency Evacuation Plans (PEEPs) in place. Appropriate service records were in place for the maintenance of the fire fighting equipment, fire detection system and emergency lighting. The provider had undertaken a number of fire safety drills regularly in the centre.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Medicines and pharmaceutical services in the centre were well managed and administered in adherence with best practice guidelines.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

A sample of care plans reviewed found that care plans were comprehensive and used validated risk assessments to assess clinical risks. Care plans were person centred, reviewed in a timely manner and gave detailed information on the care provision for the centre's residents.

Judgment: Compliant

Regulation 6: Health care

Residents had access to a general practitioner on a regular basis. Other allied health care professionals were available to residents on a referral basis and from a review of a sample of the residents' care plans this was done in a timely manner.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector found that residents' rights and choices were promoted and respected in the centre. Residents could engage in appropriate activities in relation to their interests. There was a team of activity personnel present to facilitate this. Regular residents' meetings took place in the centre, where residents could voice their opinions on the running of 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 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant