



**Health
Information
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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:	26 July 2022
Centre ID:	OSV-0000216
Fieldwork ID:	MON-0037520

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:	36
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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 26 July 2022	10:00hrs to 16:00hrs	Niall Whelton	Lead

What residents told us and what inspectors observed

This was an unannounced inspection to monitor compliance with the regulations to inform decision making for renewal of registration. The inspector was met by the registered provider, who facilitated the inspection. This inspection included a focused review of fire precautions.

Following an introductory meeting, the provider accompanied the inspector on a walk-through of the centre.

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. Recent renovations carried out were almost complete on the day of inspection. Renovations included works to increase the floor area of six twin rooms, five of which included en suite showers, toilets and hand wash basins. To complete the works, there was minor finishing work required. This included the installation of handrails, to mount paper towel and soap dispensers and mirrors. The aforementioned renovations now meant that that six of the seven twin rooms 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 a light fitting in one bedroom which was damaged and had wires exposed. The provider immediately arranged for an electrician to replace the fitting during the inspection.

The provider showed the inspector the location of fire compartment boundaries in the centre, the largest accommodating ten residents. The provider had reduced a previously larger compartment of 16 by sub-dividing it into two smaller compartments of ten beds and six beds. This work was complete.

The layout of the building afforded staff and residents with an adequate number of escape routes and exits and alternative escape was available, however a step was noted at three exits; this may present a difficulty for residents who require aids to evacuate such as a rollator or wheelchair. In general, escape routes were clear and free of obstruction, however the inspector saw one external route obstructed by a wheeled bin.

The inspector saw that the fire doors to the bedrooms in the centre were fitted with devices which afforded the resident the choice to keep their door open or ajar and door closers were not an impediment to their manoeuvrability through the building. Once the fire alarm activates, those doors would close.

The inspector saw a number of holes where utility services penetrated fire rated walls and ceilings; these required sealing up.

The fire alarm panel was located close to the main reception area and was noted to be free of fault.

The smoking area was located off the main reception area and was equipped with fire fighting equipment including fire extinguisher and a fire blanket. The fire blanket was noted to be the smaller size and would benefit from being replaced with a larger type. The furniture was non-combustible and mechanical extract was installed to purge smoke from the room.

Capacity and capability

In general the inspector found that the registered provider had systems in place to manage fire safety in the centre. Improvements were required with regard to oversight of fire safety management however, to ensure deficits were identified and actioned. The provider was proactive in their response to issues identified during the inspection.

This was an unannounced inspection carried out to review fire precautions in the designated centre and to review the renovated and extended bedrooms in the older part of 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 operational management of the centre and facilitated this inspection.

The renovations to increase the size of six twin rooms was complete save for some minor fixtures and fittings and the registered provider was awaiting documentation from the builder and competent person to confirm that the work was completed to the required standard.

Regulation 23: Governance and management

The systems of management and oversight used to identify and action risks required improvement to ensure they were effective. Notwithstanding the fire safety improvements in the centre to date, deficits were found on this inspection which were not identified by the registered provider meant that the risk of fire still remained.

Judgment: Substantially compliant

Quality and safety

While upgrade works completed to date had improved fire precautions in the centre, deficits to fire containment measures and means of escape were identified on this inspection. Overall there was a good awareness of fire safety in this centre. Fire drills were being carried out frequently. The provider had arranged for a third party fire safety professional to conduct a simulated compartment evacuation to reflect the recently altered and reduced compartment size.

The provider had a system in place to assess the evacuation requirements of residents in the form of a personal emergency evacuation plan (PEEP). The included pertinent information, but not all detailed the number of staff required to evacuate the resident. Staff spoken with confirmed they had attended fire safety training and participated in evacuation drills. They were able to explain the evacuation strategy in place in the centre.

While walking through the centre, it was evident that a number of fire rated doors would not be effective to prevent the spread of fire and smoke in the event of a fire. The inspector reviewed a sample of fire doors; the automatic closing devices were not working on some fire doors and at least one had been disconnected. Practices were observed where fire doors were being kept open by means other than appropriate hold open devices connected to the fire alarm system. The smoke seals to a number of doors had been painted over. There were gaps around some doors that would allow the spread of smoke to protected escape routes.

The inspector saw a number of areas where utility services penetrated fire rated walls and ceilings; these required sealing up.

The building was provided with a fire detection and alarm system and emergency lighting. These were serviced at the appropriate intervals as required. Upgrade works were required to the emergency lighting system, for which the provider confirmed were in progress, with a number already completed as part of the recent bedroom extension works.

There was a store adjacent to the laundry which appeared to be fitted with a heat detector; this should be fitted with a smoke detector.

The inspector noted a number of wires for the fire alarm system which had been installed to facilitate the extended work to the bedrooms. The registered provider confirmed that the additional detection was not required and documentation to confirm this would be submitted to the chief inspector.

The inspector reviewed the fire safety register; the daily and weekly in house fire safety checks were completed and up to date. The inspector saw evidence where issues raised in the checks were actioned, however the inspector was not assured that the checks were sufficient to ensure potential risks were being identified. For

example, one escape route from the rear was obstructed by a builders bin and this had not been identified. This was immediately addressed by the provider.

The centre was laid out with all resident accommodation on one level. There was ample escape routes with alternative escape routes available. Three exits were noted to have a step, one of which was an alternative escape route for residents identified as requiring wheelchair for escape. Three exits were noted to be not provided with emergency lighting outside the exit door, to ensure safe evacuation away from the building to a place of safety. A review of escape signage was required. The exit sign for the new exit was not yet fitted.

Regulation 28: Fire precautions

Notwithstanding the upgrade works completed in the centre in relation to fire precautions, improvements were required by the provider to ensure adequate precautions were in place and to protect residents against the risk of fire.

- there were two unsecured oxygen cylinders in the treatment room; they were positioned adjacent to electrical sockets. The cylinders were at risk of being knocked over or damaged.
- the in house fire safety checks were not identifying fire safety risks observed by the inspector. A rear escape route was found to be obstructed by a wheeled bin.
- the fire door to the dining room was propped open with a chair. This would prevent the door from closing in the event of a fire.

Means of escape were not adequate:

- three exits had a step at the exit which may present a difficulty for residents who require aids to evacuate such as a rollator or wheelchair
- additional external emergency lighting was required to ensure escape ensure a safe escape away from the building. In particular three exits were not provided with emergency lighting units outside the door.
- Additional exit signs were required from some areas to ensure escape routes and exits were readily apparent during an evacuation. The new exit from the day room did not have escape signage.

Arrangements for maintaining fire equipment was not effective:

- automatic closing devices to a number of bedroom doors were not working

The arrangements for containing fire were not adequate:

- deficiencies were noted to fire doors
- the inspector noted a number of areas where utility services penetrated fire

rated walls and ceilings.

Action was required to ensure early warning of, and adequate detection of fire:

- a small store on a bedroom corridor was not fitted with a smoke detector
- the store adjacent to the laundry room appeared to be fitted with a heat detector and not a smoke detector.

Arrangements for evacuating residents required improvement:

- not all residents assessments included the number of staff required to evacuate the resident

Judgment: Not 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 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 28: Fire precautions	Not compliant

Compliance Plan for Corpus Christi Nursing Home OSV-0000216

Inspection ID: MON-0037520

Date of inspection: 26/07/2022

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 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Robust systems which are in place now to monitor the audits and to take remedial action accordingly.	
Regulation 28: Fire precautions	Not Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: <ul style="list-style-type: none"> • O2 Cylinders are now secured. • Fire safety checks are now updated • No fire doors are propped open now • 3 stepped fire exits are now ramped • Emergency lighting is provided at all exits • Additional exit signs provided as required • Automatic closing devices repaired • All fire doors are now in good state of repair • General maintenance issues rectified • Smoke detectors are now in place as required. • PEEPs are updated accordingly. 	

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 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	25/08/2022
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Not Compliant	Orange	19/08/2022
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	19/08/2022

Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Not Compliant	Orange	19/08/2022
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	19/08/2022
Regulation 28(2)(ii)	The registered provider shall make adequate arrangements for giving warning of fires.	Substantially Compliant	Yellow	19/08/2022