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:	01 September 2021
Centre ID:	OSV-0000216
Fieldwork ID:	MON-0033920

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:	41

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
Wednesday 1 September 2021	09:30hrs to 17:15hrs	Caroline Connelly	Lead
Wednesday 1 September 2021	09:30hrs to 17:15hrs	Siobhan Bourke	Support

What residents told us and what inspectors observed

During the inspection, inspectors met with many of the 41 residents who were living in the centre and spoke with 10 residents in more detail to gain an insight to the lived experience in this centre. The inspectors also met with a number of family members who were visiting the centre during the inspection. From what residents told the inspectors and from what the inspectors observed on the day of inspection, residents were supported by experienced and competent staff to have a good quality of life in the centre. However, ongoing issues with fire safety, infection prevention and control risks and oversight of the premises resulted in risk to the safety and well being of residents.

On arrival the inspector was guided through the centre's infection control procedures before entering the building. The centre was warm throughout and there was a relaxed and friendly atmosphere. The centre was bright and generally clean throughout and there was appropriate assistive equipment and furniture for residents' comfort.

The reception area was welcoming and had brightly coloured chairs for residents' use. It was decorated with a number of plants and decorative lighting. During the course of the inspection, visitors met with the residents in the reception area, at other times residents were seen resting in this area. The centre had a smoking room, located next to the reception area that was used frequently during the day by a number of residents. It was fitted with an extractor fan but residents had to be encouraged to keep it turned on during the day as they didn't like the noise. Inspectors noted that smell of smoke wafted through reception when the extractor fan was not in use. Inspectors observed that while the smoking room was fitted with fire aprons, a fire blanket was not available. This was addressed by the person in charge during the inspection.

The centre was a two storey building located in close proximity to Mitchelstown, with accommodation for 42 residents' located on the ground floor. Inspectors saw that residents' bedrooms were homely and personalised with pictures, photographs and other memorabilia. Rooms varied in size and specification with smaller rooms in the older part of the nursing home. Six of the double bedrooms in this section of the centre did not meet the recommended space for each individual bedroom space as set out by S.I. (statutory instrument) 293, to be complied with by 31 December 2021. These double rooms had limited space and while privacy curtains were available, there was no room for a chair residents' use. During the inspection, plans to adapt these rooms to meet the requirements were discussed with the provider.

A secure outdoor area was available for residents which was easily accessible through the day-room. The outdoor area had a water feature, boxes of flowering plants and a pathway for residents to walk-around. However, there was no suitable seating or garden furniture for residents to sit and enjoy the sunshine in this area. Furthermore, inspectors saw old equipment such as a chair weighing scales, and an

old table and chairs that were no longer in use were stored in the outdoor area.

During the walk-about of the centre, inspectors saw many examples of where the organisation of the centre, the premises and infection prevention and control practices were impacting on the safety of residents with regard to fire safety and infection control, including the following observations. For example, there were boxes of personal protective equipment (PPE)and paper towels stacked on the floor at the base of the stairs which was one of the centre's emergency exits. The hand hygiene sink in the clinical room was old and worn and could not be effectively cleaned. The waste bin located near the hand-wash sink in the sluice room was not foot operated and therefore there was a risk of contamination of clean hands while removing the lid when disposing paper hand towels. A commode, stored in the sluice room was rusted which prevented effective cleaning. Some of the chairs and cushions in the centre were worn and required replacement. The hair salon had boxes of PPE stored inappropriately on the floor. Alcohol hand sanitizers were available throughout the centre, however signage to promote and remind staff about good hand hygiene required improvement.

Inspectors observed that some areas of the centre required maintenance for example, there was a stain arising from leak in one of the corridor ceilings waiting for maintenance. There was a crack in the wall in one of the bedrooms and floor covering in one of the shared bathrooms required replacement. Inspectors saw that the new floor covering for this bathroom had been purchased was awaiting installation.

Inspectors saw that oversight and management of storage in the centre required review. In one of the double bedrooms, inspectors observed two hoists inappropriately stored where one resident who did not require such assistance lived. This did not show respect for the resident's dignity. One storage room was cluttered with equipment such as wheelchairs, items for activities and hoist slings were observed to be strewn over other equipment in this room.

Inspectors saw residents mobilising independently around the centre and that they could access any of the centres' communal spaces which consisted of a dining room with adjacent day room, an oratory and another large bright day room that opened out to the courtyard garden. The centre had ample communal space and there were break out areas with comfortable seating available to residents should they wish to spend time alone. Mass was live streamed from the local church on weekdays and residents were observed to be watching this on the morning of the inspection. In the afternoon, residents were seen to be enjoying a quiz that was facilitated by the activity co-ordinator. On the morning of inspection, a local general practitioner was doing a ward round and confirmed with inspectors that they attended the centre each week. An optician was also conducting eye tests on site on the day of inspection for 36 residents.

Residents described person-centred and compassionate care and told inspectors that they were listened to and respected by staff. Residents spoke of how well they knew the person in charge and said they could talk to her about anything. They also described how the owner was in and out of the centre on a regular basis. Inspectors

observed that all staff engaged with residents and there were many examples of kind and respectful interactions throughout the inspection. Residents told inspectors that mealtimes were well spaced out and residents could access snacks and drinks during the day. Inspectors observed the lunchtime meal in the dining room and adjacent day room. Inspectors saw that there were sufficient care staff to provide assistance in a discreet and encouraging manner to residents who required it. Inspectors observed that while the majority of residents were seated at tables with one other resident or care staff, eight residents were seated in rows eating their meals with tables or trollies in front of them facing a television. This did not appear to provide these residents with a social dining experience.

Residents were happy that indoor visits had resumed and that visits were organised in a safe way. There were suitable indoor spaces for visits and visitors were observed coming and going during the day and they gave positive feedback about the service to inspectors.

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

It was evident to inspectors that the registered provider, management and staff provided a good quality of life to residents living in the centre. However, inspectors found that the management systems in place required review to improve the safety of residents and staff. In particular, the systems in place with regard to fire precautions and infection prevention and control. An urgent action plan was issued following the inspection to reduce the risk identified in regard to fire precautions and provide a safe environment for residents with which the provider engaged.

Shannore Limited was the registered provider for Corpus Christi Nursing Home. The company had two directors, one of whom was the person representing the provider, Shannore Limited, and was responsible for the operational management of the centre. Inspectors were informed that this director, who also had responsibility for three other nursing homes attended the centre five days a week and liaised regularly with the person in charge. Recording of management meetings required review. Inspectors were informed that communication forums between the registered provider and the person in charge were informal and therefore minutes of management meetings were not available to inspectors. The provider had held two staff meetings in 2021, one in March and one in April to highlight quality of care issues with staff. Due to the COVID-19 pandemic, only one staff meeting was held in 2020.

There were clearly defined lines of authority and accountability in the centre and staff and residents were familiar with staff roles and their responsibilities. The person in charge was an experienced nurse and was supported by a full time clinical

nurse manager until July 2021. Recruitment was ongoing at the time of the inspection to fill this position.The person in charge, in the absence of the clinical nurse manager was supported by a nursing team that included two senior nurses, caring, housekeeping, activities and catering staff.

This was an unannounced risk inspection to monitor ongoing compliance in the centre. Inspectors acknowledged that residents and staff living and working in centre had been through a challenging time with COVID-19 and they had been successful to date in keeping the centre COVID-19 free. Uptake of vaccinations among staff and residents was good. However, inspectors were not assured that the centre had robust contingency plans in place should an outbreak of COVID-19 occur. Inspectors were informed that the centre did not have a room to isolate any resident who should become suspected or confirmed with COVID-19 who lived in one of the seven twin bedrooms. Furthermore as there was only one registered nurse on duty after 10 pm, the centre did not have the staffing capacity to provide two separate nursing teams for residents with and without COVID-19. This will be discussed further under Regulation 27.

A review of the staff rosters indicated that while there was sufficient numbers and skill mix of staff to meet the needs of residents living in the centre during the day, night time staffing numbers were a risk to safe evacuation of the centre in the event of a fire. After 11pm at night inspectors noted that there were three staff on duty while 16 residents lived in one compartment in the centre. In view of these findings an urgent action plan was issued to the registered provider requesting a simulation of evacuation of the largest compartment be undertaken with night time staffing levels and how the size of the compartment would be addressed. The provider submitted additional information on foot of the action plan and put measures in place to reduce the levels of risk identified. The centre had one cleaner rostered seven days a week with an extra cleaner rostered one day a week. While inspectors found that the centre was generally clean, staff cleaning resources could be enhanced to ensure terminal and deep cleaning of rooms can be conducted throughout the centre.

There was an extensive programme of training available to staff at the centre and all staff were up to date with training on manual handling, infection prevention and control and dementia care. Staff who spoke with inspectors were clear on how to identify, report and respond to abuse. However not all staff were up to date with training in safeguarding, managing behaviour that is challenging and fire safety as required by regulation. Inspectors were provided with assurances that this training would be provided in the coming weeks.

The person in charge collected and monitored key metrics such as pressure ulcers, falls, residents' weights and use of bedrails each week and used this information to monitor the quality of care provided to residents. The centre had a schedule of audits that included a weekly infection prevention and control audit. However, action plans arising from audits were not always implemented to drive continuous quality improvement. Audits and metrics were discussed with staff at a quality improvement meeting. Minutes provided to inspectors indicated that these meetings were held quarterly. The provider had recently purchased an electronic clinical audit

management system to improve the quality of audits conducted at the centre.

There was an effective complaints procedure which was displayed at the centre and staff and residents who spoke with inspectors were aware of how to make a complaint. Inspectors reviewed the complaints log and found that complaints were investigated and managed in line with the centre's procedure.

There was evidence of consultation with residents in the planning and running of the centre. Regular resident meetings were held and resident satisfaction questionnaires completed to help inform ongoing improvements and required changes in the centre. There was an annual review of the quality of care in the centre completed for 2020 which included consultation with the residents and incorporated their feedback.

Regulation 15: Staffing

- There was insufficient staff resources at night time to enable residents to be evacuated safely in a timely manner in the event of a fire.
- The centre had one nurse on duty after 10pm at night and after 11pm at night inspectors noted that there were only three staff on duty, which was one nurse and two health care staff to meet the needs of 41 residents.
- Staff cleaning resources required improvement to meet the size and layout of the centre.

Judgment: Not compliant

Regulation 16: Training and staff development

Training records provided to inspectors showed that a number of staff were not up-to-date with mandatory training within the required time frame. Fourteen staff were not up-to-date with mandatory safeguarding training, while four staff were not up to date with training on fire safety and managing behaviour that is challenging.

Judgment: Substantially compliant

Regulation 21: Records

Records were made available to inspectors and were found to be well maintained. Inspectors reviewed a sample of three staff files and found that they contained the necessary information as required by Schedule 2 of the regulations, including required references and qualifications. Evidence of Garda vetting disclosures were in

place.

Judgment: Compliant

Regulation 23: Governance and management

The systems in place did not support effective governance and management of the centre for example:

- The provider had not identified risks in relation to fire safety which were impacting on the safety and welfare of residents and staff. An urgent action plan was issued following the inspection to reduce the risk and provide a safe environment for residents with which the provider engaged.
- Minutes of management meetings between the person in charge and the provider were informal and not documented.
- Audits in infection prevention and control conducted in the centre did not detect and address the issues found on inspection.
- Action plans arising from audits were not always implemented; for example a missing call bell from one of the toilets was a repeat finding on a monthly audit conducted from June to August 2021.
- The position of clinical nurse manager was vacant.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

Contracts of care were in place that detailed services to be provided, the fees to be charged and details of the room occupied by the resident and the number of residents in that room.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents and reports were notified to the Chief Inspector within the required time frame in accordance with the regulation.

Judgment: Compliant

Regulation 34: Complaints procedure

The centre had an accessible and clear complaints procedure that was displayed in the reception area. The procedure named the complaints officer for the centre and the independent appeals person. Inspectors reviewed the complaints log maintained at the centre and saw complaints, actions taken and the satisfaction of the complainant with the outcome was recorded.

Judgment: Compliant

Quality and safety

Overall, the care and support provided to residents was seen to be of a good standard, providing a holistic and person centred service for residents. Resident's spoke of the warm and friendly atmosphere in the centre. There was evidence of effective consultation with residents and their needs were being met through good access to healthcare services and opportunities for social engagement. However inspectors identified that some improvements were required with premises maintenance and storage, infection control, management of fire drills and residents' rights.

Staff supported residents to maintain their independence where possible and residents' healthcare needs were well met. Residents had comprehensive access to general practitioner (GP) services. The GP was in the centre undertaking a ward round when the inspectors arrive in the morning and the GP and management confirmed this happened on a weekly basis and had access to services as required. There was also evidence of the centres access to a range of allied health professionals and out-patient services. Residents needs were assessed using a variety of validated assessments tools which were used to inform person-centered care plans for each resident. Staff were found by the inspectors to be very knowledgeable about resident's likes, past hobbies and interests which were documented in social assessments and a key to me.

Inspectors found that the location, design and layout of the centre was generally suitable for its stated purpose and met residents' individual and collective needs in a homely way. There was plenty of communal space including easy to access outdoor areas for residents to enjoy. However there was a lack of garden furniture in the outdoor area. Improvements were also required in ongoing maintenance and decor issues throughout the premises, the size of a number of twin bedrooms and the general lack of appropriate storage was evident with the centre cluttered in many areas.

Systems were in place to promote safety and effectively manage risks. Up-to-date service records were in place for the maintenance of the fire equipment detection,

fire alarm system and emergency lighting. Fire precautions were prominently displayed throughout the centre. Service records showed that the emergency lighting, fire alarm system and fire fighting equipment were serviced and fully maintained. The inspectors noted that the means of escape and exits, which had daily checks, were unobstructed. Residents had Personal Emergency Evacuation Plans (PEEPs) in place and these were updated regularly. This identified the different evacuation methods applicable to individual residents for day and night evacuations. Although some fire drills had been undertaken the inspectors were not assured from these drill records that the centres largest compartments of 16 residents could be evacuated in a timely manner with minimal staffing levels available during the night. An immediate action plan was issued and this is outlined under Regulation 28.

As identified previously in the report management and staff had been successful to date in keeping the centre COVID-19 free. However, inspectors were not assured that the centre had robust contingency plans in place should an outbreak of COVID-19 occur. And a number of issues were identified in relation to infection control practices which are outlined further under Regulation 27.

A programme of varied activities was in place for residents and the inspectors saw a number of lively and quieter activities taking place including bingo quizzes and word search. There were pictures and photos of residents participating in different activities seen throughout the centre and pieces of art works adorned the walls. Information on the day's events and activities was displayed in the centre. Residents to whom the inspectors spoke with confirmed that the activities were very important to them and said staff were good to keep them entertained. Inspectors saw that residents' spiritual needs were met through regular prayers in the centre and Mass celebrated in a local church was live streamed to the centre. Residents of other religious denominations were facilitated as required. There were a number of issues identified on inspection that were not in keeping with a rights based approach to care which are outlined under Regulation: 9 Residents Rights.

There was evidence that residents and/or the representatives were consulted with and participated in the organisation of the centre. From a review of the minutes of residents meetings it was clear that issues identified were addressed in a timely manner and that the person in charge and the management team were proactive in addressing any concerns or issues raised. Residents had access to newspapers televisions, media and technology as required.

Regulation 11: Visits

The inspectors saw that visiting had resumed at the centre in line with national guidance. Indoor visiting was scheduled in advance to manage footfall in the centre. Visitors were screened on arrival for symptoms of COVID-19. Residents and visitors who spoke with inspectors confirmed that the number and and duration of visits met

their requirements. Visiting generally took place in the reception area, in a number of areas outside and room visits were also facilitated on request.

Judgment: Compliant

Regulation 17: Premises

There were a number of issues identified with the premises during the inspection that were not in line with the requirements of the regulation:

- Six double rooms were marginally under the minimum recommended space for each individual bedroom space as set out by S.I. (statutory instrument) 293, to be in place by 31 December 2021.
- there was a crack in one of the bedrooms walls that required repair
- the ceiling was stained from a leak on one of the corridors
- flooring was worn and required replacement in one of the shared bathrooms
- a number of chairs and support cushions were torn and in need of repair or replacement
- items for residents' use such as hoist slings and PPE were not stored appropriately at the centre
- emergency call bell was missing from one of the toilets and the hair salon
- there was no garden furniture available for residents to sit out and enjoy the gardens
- items such as old tables and chairs, a broken chair weighing scales that were no longer in use were stored in the outdoor courtyard area and required removal.

Judgment: Not compliant

Regulation 25: Temporary absence or discharge of residents

There was evidence of a transfer letter in the records of a resident who had been transferred to acute services detailing all their care and social care needs.

Judgment: Compliant

Regulation 26: Risk management

There was a risk management policy that met the requirements of the regulations. The centre's safety statement and risk registers were up-to-date. Clinical risk

assessments including smoking assessments took place on all residents. The centre had an emergency plan and a generator was available in case of loss of electricity.

Judgment: Compliant

Regulation 27: Infection control

Inspectors found a number of infection control risks throughout the centre and some practices did not adhere to the Health Protection Surveillance Centre (HPSC) Interim Public Health, Infection Prevention & Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities guidance.

Inspectors identified the following issues, which posed a risk of transmission of infection to residents and staff:

- There were seven twin rooms in the centre and the centre was at nearly full occupancy: there was no room identified as an isolation room if a resident in a shared room developed COVID-19 and the inspectors were not assured that a full contingency plan was in place.
- There was only one member of cleaning staff on duty daily to clean a centre for 42 residents and although a second member of staff was on duty one day a week this was not sufficient to ensure all deep cleaning guidance was adhered to.
- Commodes were seen with rust on the legs which made effective cleaning difficult.
- The staff changing room was small in size and although there was a minimum of 12 staff on duty on the day of the inspection, inspectors only saw outdoor clothing for three staff leading the inspectors to conclude staff were coming to and from work in their uniforms.
- There were vases inappropriately stored in cupboards with urinals in the sluice room.
- There were resident toiletries stored on the sink in a shared room. This sink was also used for hand hygiene resulting in a risk of cross contamination
- Nebuliser masks were seen uncovered in resident's bedrooms which could lead to cross contamination
- The hand hygiene sink in the clinical room was old and worn and could not be effectively cleaned.
- Signage to promote and remind staff about good hand hygiene required improvement.
- The waste bin located near the hand-wash sink in the sluice room was not foot operated and therefore there was a risk of contamination of clean hands while removing the lid when disposing paper hand towels
- Overall, the centre was cluttered with items stored on the ground including PPE and other equipment, not only did this make it difficult to clean but also

posed risks of contamination.

Judgment: Not compliant

Regulation 28: Fire precautions

At the time of inspection, the registered provider had not taken adequate precautions to ensure that residents were protected from the risk of fire.

There was one very large compartment in the centre where 16 residents were accommodated. The inspectors were not assured that residents could be safely evacuated in the event of a fire, as there was no evidence that full compartment evacuations had been completed. This was particularly concerning as staffing levels reduced to three staff at night. An immediate action plan was submitted to the provider. The provider submitted a fire drill report following the inspection but further drills were required to ensure the competency of all staff and that appropriate evacuation times could be achieved. A review of the size of the compartment was also required.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Residents care plans were updated regularly as required by legislation and thereafter to reflect residents changing needs. There was evidence that the care plans had been discussed with residents or relatives if appropriate. The inspectors saw that from each resident' care plan reviewed, residents were comprehensively assessed within 48 hours of admission with relevant care plans to support resident's needs. A sample of care plans showed that residents were risk assessed for clinical risk such as malnutrition, falls, pressure ulcers and a smoking risk assessment was in place for residents who smoked.

Judgment: Compliant

Regulation 6: Health care

Inspectors were satisfied that the health care needs of residents were well met.

There was evidence of very good and easy access to medical staff with regular medical reviews in residents' files. Access to allied health was evidenced by regular reviews by the occupational therapist, dietitian, speech and language, podiatry and tissue viability as required. The centre provided regular exercises classes and access to a private or community physiotherapist was available as required.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

From discussion with the person in charge and staff and observations of the inspectors there was evidence that residents who presented with responsive behaviours were responded to in a very dignified and person-centred way by the staff using effective de-escalation methods. This was reflected in responsive behaviour care plans. Staff spoken to outlined person centred interventions including utilising the use of music, walks in the garden and distraction techniques.

Staff promoted the principles of a restraint free environment and the person in charge said that they try not to use any restraint measures except when alternatives and other interventions had failed. However nine residents had bedrails at night to prevent falls or because residents expressed that they feel safer with them the person in charge said she is keeping this under review and aims to reduce this number.

Judgment: Compliant

Regulation 8: Protection

Staff were familiar and able to describe to the inspectors the measures in place to safeguard residents and protect them from abuse including the reporting structure if they ever encountered an abusive situation. However, safeguarding training was not up to date for staff and this is actioned under Regulation 16 Training and Staff development.

There was a very clear system in place in the management of residents' finances and in the invoicing for extra items as outlined in the contract of care. Residents monies handed in for safekeeping were securely stored and regularly audited. Pension agent arrangements were robust with separate client accounts available.

Judgment: Compliant

Regulation 9: Residents' rights

The inspectors observed a number of areas where residents rights were compromised during the inspection;

- Residents' right to privacy and dignity was compromised in one of the shared bathrooms where a frosted glass window did not provide privacy for residents as the inspectors could see into the bathroom.
- There was two hoists and a bed without a mattress and other equipment stored in a twin bedroom of a resident who was the sole occupant in that room. This took from the homely feel of a bedroom and meant staff were in and out of the residents room to get the equipment.
- The positioning of TV's in a number of twin bedrooms required review to ensure all residents had access to easy viewing of TV in their bedrooms
- The dining experience required review to ensure all residents were facilitated to have a sociable dining experience taking into account social distancing guidelines. Inspectors saw the dining room was very full on the day of the inspection and many additional residents were having their meals on bedtables in the sitting room lined up in a row with large day chairs in front of them.

Judgment: Substantially 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 15: Staffing	Not compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Corpus Christi Nursing Home OSV-0000216

Inspection ID: MON-0033920

Date of inspection: 01/09/2021

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	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: Following the inspection we conducted a simulated Night evacuation drill, This was conducted in a timely manner. Same was forwarded to the Inspector. We review our staffing levels on a continual basis, in the event of an outbreak or any situation where additional staff are required, extra staff will be rostered, we have this capacity with our current staffing teams.	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: All mandatory training is now complete.	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Corpus Christi Nursing Home has a Robust and professional Governance and management team in place. We are in compliance with the Fire Certificate issued by Cork	

Co Co. Following the Inspection we spoke to a Fire Consultant who explained that there currently is no legislation in Ireland regarding how long it should take to evacuate a compartment or indeed how many residents should be in a compartment. Given that all the doors contained within the Compartment are half hour fire rated it should be reasonable to expect that a compartment evacuated within 15 mins would be considered timely.

We hold formal quarterly management meetings as per regulatory requirements, these are documented and contained in the Audit folder as seen by the inspector. The provider has an office in the Nursing Home. Provider is on site every day and meets, PIC, Staff, Residents and families on a daily basis.

We have expanded our audit schedule to capture a broader range of Infection prevention and control measures.

We now have a system in place to manage action plans in a Timely manner.

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
We will ensure the minimum space of 14.8m2 is met by 1/1/22 in our twin rooms, this will require additional 0.1 m2 per resident.

The superficial maintenance identified during the inspection will be completed by 15/10/21

Storage arrangement will be reviewed and sorted by 31/10/21

Call bells are now in place where identified.

Garden Furniture is ordered and will be in place one arrived, latest 31/10/21

Regulation 27: Infection control	Not Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
• Contingency plan is now updated to include a specified area for isolation if required during an outbreak
• We review our staffing levels on a continual basis, in the event of an outbreak or any

situation where additional staff are required, extra staff will be rostered, we have this capacity with our current staffing teams.
• Storage issues and Infection Control issues identified during inspection are now rectified.
• We have observed and surveyed the staff, they were seen to use the changing room, some opting to bring their bags back to the car after changing so they can access personal items during the day.

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
We are in compliance with the Fire Certificate issued by Cork Co Co. Following the Inspection we spoke to a Fire Consultant who explained that there currently is no legislation in Ireland regarding how long it should take to evacuate a compartment or indeed how many residents should be in a compartment. Given that all the doors contained within the Compartment are half hour fire rated it should be reasonable to expect that a compartment evacuated within 15 mins would be considered timely.
Given the comments of the Inspector we have agreed to engage a builder and have the compartment of 16 residents split. Currently sourcing materials for this job is proving difficult and we expect this works to be complete 01/01/22. This will make the evacuation of residents easier when staff numbers are reduced during the night shifts.
We have also carried out simulated evacuations with night staffing levels and have submitted these to the inspector, we will continue simulated fire drills periodically.

Regulation 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
• The frosted Glass on the toilet door is now opaque, which provides privacy.
• The Hoist was removed and mattress replaced during the inspection.
• We have reviewed the TV's in rooms and consulted with the residents in the rooms and they are happy with the TV format now
• We surveyed the residents following the Inspection, they confirmed this was their preference, the also confirmed the inspector spoke to them during the inspection and they informed the inspector that this was their wish to dine like this. At all stages the residents dining preferences are respected and catered for.

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.	Not Compliant	Orange	29/09/2021
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	29/09/2021
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.	Not Compliant	Orange	01/01/2022
Regulation 23(c)	The registered	Not Compliant	Yellow	29/09/2021

	provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.			
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Not Compliant	Orange	29/09/2021
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.	Not Compliant	Orange	03/09/2021
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where	Not Compliant	Orange	08/09/2021

	necessary in the event of fire, of all persons in the designated centre and safe placement of residents.			
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Substantially Compliant	Yellow	29/09/2021
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	29/09/2021
Regulation 9(3)(c)(i)	A registered provider shall, in so far as is reasonably practical, ensure that a resident information about current affairs and local matters.	Substantially Compliant	Yellow	29/09/2021