

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	Corpus Christi Nursing Home
Centre ID:	OSV-0000216
Centre address:	Mitchelstown, Cork.
Telephone number:	025 84 844
Email address:	corpuschristinh@eircom.net
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Shannore Limited
Provider Nominee:	Michael O'Shea
Lead inspector:	Mairead Harrington
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	34
Number of vacancies on the date of inspection:	1

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- **Registration:** under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- **Monitoring of compliance:** the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

Compliance 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
26 April 2017 09:45	26 April 2017 17:30
27 April 2017 09:30	27 April 2017 16:30

The table below sets out the outcomes that were inspected against on this inspection.

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Compliant
Outcome 03: Information for residents	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Compliant
Outcome 06: Absence of the Person in charge	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Compliant
Outcome 09: Medication Management	Compliant
Outcome 10: Notification of Incidents	Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 12: Safe and Suitable Premises	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Substantially Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

This was an announced inspection, carried out over two days, for the purpose of informing a decision to renew the registration of this designated centre. Documentation required as part of the registration renewal process had been completed and submitted in a timely manner. During the inspection the inspector met and spoke with residents and visitors, as well as staff from all areas of service in the centre. On both days of inspection, the representative of the provider entity Shannore Limited, and the person in charge were in attendance on site.

The last inspection at this centre, on 20 April 2016, had focused on the theme of

dementia and the management of care for residents with dementia. A copy of that report is at www.hiqa.ie. The findings of that report had been positive and the current inspection also confirmed that the overall standard of care provided at this centre was in keeping with evidence-based good practice. Documentation reviewed during this inspection included staff rosters and training records, residents' care plans, meeting minutes and policies and related protocols. Staffing levels were appropriate to meet the needs of the resident profile, in keeping with the design and layout of the centre. Both the person in charge and the provider representative were actively involved in the day-to-day running of the centre and were readily available and accessible to both residents and staff. Many residents and relatives spoken with in the course of the inspection confirmed that they experienced a very good level of care at the centre and this feedback was supported in questionnaires reviewed as part of the inspection process. Where issues were raised with management communication was effective and information was provided on outcomes and related action. The inspector also observed good practice during the course of the inspection and there was evidence that routines of care were delivered in a person-centred manner. Overall this inspection established that the centre was in substantial compliance with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Standards for Residential Care Settings for Older People in Ireland. Some areas for improvement were identified in relation to privacy and dignity and these are further outlined in the body of the report.

Compliance with Section 41(1)(c) of the Health Act 2007 and 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.

Outcome 01: Statement of Purpose

There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

A comprehensive statement of purpose was in place, dated March 2017, that set out the features of the service and comprised the necessary information as specified under Schedule 1 of the regulations. The statement of purpose required amendment to fully describe the rooms in the centre, their size and primary function. The provider revised this information at time of inspection.

Judgment:

Compliant

Outcome 02: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The designated centre is operated by a registered company, Shannore Ltd. The company is managed by two registered directors, one of whom acts as representative of the providing entity. The provider representative was available throughout the

inspection and made information on the provision of service available as required. The service is managed by a clearly defined structure of governance, as reflected in the statement of purpose. Care is directed through the person in charge who is accountable to senior management and the provider representative. Systems of communication to support governance included regular meetings and the person in charge confirmed that the provider representative was a regular presence on site. It was clear from exchanges with residents, that they too were familiar with the provider representative and understood his role. The person in charge was supported on a day-to-day basis by a clinical nurse manager. Another company director also provided support in the administration of payroll and resources. The person in charge confirmed that resources were available on a consistent basis for training and education, and staff spoken with stated that they participated in a comprehensive programme of training. The provider representative was appropriately certified to deliver supported training modules. Management demonstrated a commitment to the continual improvement of facilities and care. Appropriate actions had been taken to address areas for improvement identified on previous inspections. Management understood the need for, and benefits of, care monitoring. Quality management systems included a regular programme of audits and scheduled surveys to obtain feedback on the service from residents and visitors.

In keeping with statutory requirements, an annual quality review had been completed that included evidence of consultation with residents and relatives. The surveys were designed to reflect both resident and relative opinion of the service. The quality review appropriately referenced the relevant national standards and summarised the results of audits and areas for improvement identified. The plan also outlined the proposed training initiatives for the coming year. Overall the governance of the centre demonstrated a conscientious approach to compliance with regulatory requirements, and a commitment to the continual improvement of a service that focused primarily on the individual needs of the resident.

Judgment:
Compliant

Outcome 03: Information for residents
A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

Theme:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
There was a relevant policy on the provision of information to residents and measures to support residents in their understanding of the service were in place. These included a residents' guide booklet that described the service and facilities that residents could

expect during their stay at the centre. Contracts were provided to each resident that set out the terms and conditions of service, and also included information on the fees incurred and any extra costs that additional services might entail. Signed copies of these contracts were maintained on resident records for reference. Further information on how access to information was supported is set out in greater detail at Outcome 16 on rights, dignity and consultation.

Judgment:

Compliant

Outcome 04: Suitable Person in Charge

The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

There had been no change to the appointment of person in charge since the previous registration renewal. The person in charge was a registered nurse and held appropriate authority and accountability for the role. The person in charge was in attendance throughout the inspection and demonstrated a responsive approach to regulatory requirements and an effective understanding of the statutory duties and responsibilities associated with the role. Appropriate deputising arrangements, by a suitably qualified member of staff, were in place.

Judgment:

Compliant

Outcome 05: Documentation to be kept at a designated centre

The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Throughout the course of the inspection good practice was evident in relation to maintaining records and documentation. Members of staff were readily able to access and provide information on request. Records reviewed were accurate, current and relevant.

The records maintained in respect of residents reflected the requirements of the regulations and, in relation to Schedule 3, included care plans, assessments, medical notes and nursing records. Other records to be maintained by a centre, as specified by Schedule 4, were also in place. These included a log of complaints, a record of notifications and records of incidents and accidents. These records were maintained manually and were readily accessible.

Policies, procedures and guidelines in relation to risk management were current and available as required by the regulations; these included fire safety procedures, emergency plans and records of fire-safety training and drills. Maintenance records for equipment including hoists, lifts and fire-fighting equipment were available. Current, site-specific policies were in place for all matters detailed in Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Judgment:

Compliant

***Outcome 06: Absence of the Person in charge
The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.***

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Management understood the statutory requirements in relation to the timely notification of any instances of absence by the person in charge, in excess of 28 days. There had been no such period of absence by the person in charge since the last inspection. Appropriate arrangements were in place in the event of such an absence and a clinical nurse manager was nominated to deputise accordingly.

Judgment:

Compliant

***Outcome 07: Safeguarding and Safety
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.***

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Relevant policies were in place that provided guidance to staff on how to recognise and respond to abuse. A review of the training matrix indicated that a regular programme of training on safeguarding was in place and that all staff had received current training. Members of staff spoken with understood their duty of care for residents and management were aware of their responsibilities in ensuring appropriate measures were in place to adequately safeguard the wellbeing of residents. The provider representative was qualified to deliver supported training to staff on the safeguarding of residents. Residents spoken with by the inspector said that they felt safe and well minded in the centre. Residents spoken with also understood who was in charge in the centre and were able to name and identify the responsible individuals.

Management confirmed that, where possible, residents managed their own finances, either independently or with the support of their family. In a small number of cases management acted as pension agents for residents; in these circumstances appropriate controls were applied and documentation was in place to support the practice. There was a policy and procedure for safeguarding residents' finances that set out the requirements for maintaining records, receipts and signatures, to confirm supervision of transactions. The centre managed individual transactions for a small number of residents and the sample of these reviewed was in keeping with the related protocols. An inventory of resident belongings was also maintained on individual plans.

A current policy and procedure was in place on managing responsive behaviours. Staff from all areas of responsibility across the centre had received dementia related training in the previous year. The inspector reviewed care plans and discussed individual circumstances with the person in charge. The documentation contained relevant assessments and plans of care. The inspector observed members of staff providing care and support that was appropriate to the needs and circumstances of individual residents. One resident in particular enjoyed a high level of personal companionship; this resident was seen to be free to keep company with staff, where possible, in the performance of daily tasks. Through discussion and observation it was evident that both staff and management understood the needs of individual residents' and responded

appropriately to those needs. The inspector discussed the issue of restraint with management. The person in charge demonstrated a clear understanding of the different types of restraint and the statutory requirements in relation to notifying the use of restraint. The inspector noted that bedrails were used either on the request of the resident, or following an assessment that indicated the use of a bedrail was necessary to maintain a safe environment for the resident. Relevant documentation was maintained on care plans to reflect these circumstances. Documentation was in place that confirmed the use of bedrails was regularly monitored and also formed part of the scheduled audit programme.

Judgment:

Compliant

***Outcome 08: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.***

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Action had been taken to address the areas for improvement identified on the previous inspection. Policies and procedures relating to health and safety were site-specific and current. The risk management policy had been reviewed and referenced the specific hazards identified in the regulations. The risk register had been revised to include centre-specific hazards, such as the nearby main road and use of oxygen. Oxygen equipment was stored appropriately when not in use. However, there was no signage to indicate where oxygen was stored; management took immediate action at the time of inspection to address this issue.

A signed health and safety statement was in place and procedures provided appropriate guidance to staff in the event of emergencies such as water loss and power outage or fire. A current risk management policy was also in place that included an active risk register that set out the controls and measures in place to manage a range of centre-specific risks such as slips, trips and accidents. An incident log was maintained that recorded the circumstances, management and outcomes of events. The person in charge explained that where learning was identified, it was communicated to staff through meetings and revised protocols. Management described systems of routine monitoring that included spot-checks and regular audits. Appropriate environmental safeguards were in place such as grab-rails in corridors and accessible call-bells in all rooms. Attendance at the centre was monitored through the use of CCTV at the entrance and a visitor's log.

An infection control policy was in place and work routines observed by the inspector

were in keeping with good practice and included the appropriate use of personal protective equipment. Catering staff were trained in HACCP (Hazard Analysis & Critical Control Point). Sanitising hand-gel was readily accessible and regular use by staff was evident. The premises overall was clean and well maintained. Access to high risk areas such as the laundry and sluice rooms was restricted. Arrangements were in place for the secure storage of hazardous items such as cleaning chemicals.

Records indicated all staff had received up-to-date training in fire-safety procedures and those staff spoken with by inspectors demonstrated an understanding of the alarm system and had participated in regular fire-drills. Adequate fire equipment was in place throughout the centre. Records were available that showed the fire alarm, fire equipment and emergency lighting were serviced in keeping with regulatory requirements. Evacuation plans were displayed clearly at the centre.

Judgment:

Compliant

Outcome 09: Medication Management

Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

A centre-specific medicines management policy was in place that had been reviewed in January 2017. This policy provided appropriate directions to staff in relation to procedures around the ordering, prescribing, storing and administration of medicines to residents. It also included guidance on the handling and disposal of out-of-date medicine. All medicines, including controlled drugs, were stored securely and appropriately. Where required, medicines were stored in refrigerated conditions. In these circumstances temperatures were being recorded and monitored. Medicines such as eye-drops had the date they had been opened recorded on the item for reference. The person in charge confirmed that the pharmacist attended the centre regularly and reviewed the medicines prescribed for residents. A regular audit processes was in place that had last been completed on 7 April 2017. Areas for assessment in the audit included storage and expiry dates, as well as records and training. Records indicated that staff had last attended training in medication management on 21 April 2017.

Practice around the administration of medicine observed in the course of the inspection was in keeping with relevant guidelines. Administering staff observed appropriate hygiene and storage protocols such as hand-sanitising and secure locks. Administration practice reflected the time and frequency as directed by the prescription. Nursing staff were observed to administer medicines safely and in a person-centred manner.

Medication administration sheets contained the signature of the nurse administering the medication and identified the medications on the prescription sheet. Administration sheets indicated that where a resident refused a medicine there was a recorded entry for reference. Where prescription records were transcribed by nursing staff these had been appropriately signed and counter-signed by a nurse, before being signed by the prescriber. Where residents required their medicines to be crushed prior to administration this was appropriately authorised by the prescriber. Medication prescription sheets were current and contained the necessary biographical information of the resident including a photograph for reference.

Judgment:

Compliant

Outcome 10: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspector reviewed the log of incidents and accidents which was maintained in keeping with requirements and recorded the relevant information around the circumstances, impact and outcomes of such events at the centre. A cross-check against the information referred, confirmed that those incidents requiring formal notification were submitted in keeping with statutory timeframes. A review of the quarterly returns also confirmed that the relevant information was being provided in accordance with the regulations.

Judgment:

Compliant

Outcome 11: Health and Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:

Effective care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

On the last inspection this outcome was assessed, and found compliant, in relation to care planning for residents diagnosed with dementia or a cognitive impairment. The sample of care plans reviewed on this inspection was also found to be maintained in keeping with regulatory requirements. Arrangements were in place to ensure that residents were appropriately assessed in preparation for admission to the centre. The person in charge was responsible for ensuring that residents admissions were in keeping with the associated policy and statement of purpose. The care planning process involved the use of validated tools to assess residents' needs and abilities around areas of potential risk, such as mobility, cognition, nutrition and skin integrity. Residents were systematically assessed to identify potential needs and, of the sample reviewed, care plans were in place to address the needs identified. For example, an effective plan for the management of diabetes was in place in one case that also referenced an intervention around the education of the resident to support their understanding of the condition, and its potential impact on their activities of daily living. Records confirmed that care plans were reviewed at least every four months, in keeping with regulatory requirements. At the time of inspection there were no residents presenting with significant healthcare issues, such as wounds or weight loss. The person in charge confirmed that care plans were explained to residents and, where residents had capacity, signed records to this effect were in place. A number of feedback questionnaires were reviewed and these indicated that relatives were usually provided with relevant information in relation to the welfare of their family member.

Systems and measures to meet the needs of residents in relation to nutrition and hydration were set out in relevant policies and guidance. Residents were seen to be offered, and have access to, regular drinks and refreshment. Records confirmed that catering staff had received appropriate training. A communication log was in place to ensure that all staff had access to the necessary information about the dietary needs of individual residents. Care plans contained the advice and recommendations following assessments by specialists, such as a dietician or speech and language therapist. Staff had been appropriately trained in how to prepare meals and drinks in keeping with the specialised care plans. Menus were regularly rotated and offered good choice and appropriate nutritional balance. Meals were seen to be freshly prepared and well presented. Residents spoken with were complimentary of the food and residents, when they were dining, appeared to enjoy their meal. Other specialist services were provided in keeping with the statement of purpose. A physiotherapist attended the centre on a weekly basis, or as required. Residents had access to an occupational therapist on referral. A chiropodist routinely attended the centre. All residents had comprehensive oral assessments on admission and these were regularly reviewed, with referrals to a local dentist available where necessary. The services of an audiologist were provided via a local health centre and the centre could access the services of an optician in the local area. The specialist services of a consultant geriatrician and palliative care team were available. Residents were seen to have choice in relation to both their general practitioner (GP) and pharmacist.

Judgment:

Compliant

Outcome 12: Safe and Suitable Premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Effective care and support

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The provider had taken action to make improvements to the physical environment since the previous inspection. That inspection had focused on care in relation to residents with dementia and improvements in the use of colour contrasts in the environment had been identified. The inspector noted that hand-rails along corridors were now finished in a contrasting colour to background walls. The entrance area and corridors had been brightly painted and appropriate action had been taken to improve a toilet and shower facility that had needed repair. Overall the premises provided accommodation and facilities that met the of the resident profile, as assessed, at the time of inspection. The design and layout of the premises was in keeping with the statement of purpose. The centre was constructed over two floors, with accommodation and facilities for residents located on the ground floor only. Entrance to the centre was controlled electronically. Inside the entrance there was a small smoking room that was equipped with an accessible fire extinguisher and fire blanket. Appropriate space was provided for residents to congregate and participate in activities. The centre provided two communal day areas. One was adjacent to a spacious, bright dining room, that was laid out for small groups of diners. This dining area was nicely decorated and easily accessed by the kitchen through an adjoining door. The kitchen area was appropriately laid out and equipped to provide a catering service in keeping with the occupancy of the centre. The second day room was bright, with natural light, and provided direct access to a secure, courtyard area with seating and a small fountain. There was a small library area off this day room where residents could receive visitors in private, if they so wished. Residents also had access to a small, gated, patio area, with seating, at the front of the building.

Staff were provided with appropriate changing, storage and shower facilities on the second floor. The provider explained that a self-contained studio room was also available on this floor, for use by the relatives of residents who might need to stay overnight.

Resident accommodation comprised 20 single bedrooms - 10 of which were ensuite. There were also six twin-bedded bedrooms, with wash hand-basins, and a three-bedded

room with an ensuite toilet. Bedrooms were appropriately furnished providing a bed, a bedside locker, a wardrobe and a chair for each resident. There was suitable storage for residents' belongings including a lockable unit. Appropriate assistive equipment was available, and residents were seen to mobilise using stability frames and wheelchairs as necessary. All staff had received current training in the techniques of moving and handling. There was a functioning call-bell system in place throughout the centre.

At the time of inspection, residents had appropriate access to adequate toilet and bathroom facilities in keeping with their assessed needs.

Judgment:

Compliant

Outcome 16: Residents' Rights, Dignity and Consultation

Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The last inspection had identified that facilities for activities and consultation with residents were well provided. Effective arrangements remained in place. The inspector spoke with residents about daily routines and was told that there were choices about daily routines, such as when and where to have meals, and whether or not to participate in activities. The centre provided a broad range of activities that included exercise and music, as well as reminiscence therapy around life stories. Daily arrangements were in place for activities such as singing, bingo and card games. There was supported discussion each morning and residents were seen to talk about the daily news at this time in one of the communal areas. A priest said mass in the day room on one day of inspection and management confirmed that the priest attended the centre to meet with residents and say mass on a weekly basis. Nominated staff had responsibility for the development and implementation of an activities programme. The inspector spoke with these staff and they were able to describe how information about residents' interests and abilities was gathered as part of the care planning process. Documentation on each resident's plan reflected regular review and an indication of the extent of participation in the activities provided. A physiotherapist provided a supervised session to several residents during the inspection. The inspector saw members of staff playing cards with some residents and encouraging participation in other games and activities on both days of the inspection. Residents were enjoying this interaction and indicated this was a

familiar and regular past-time. Residents had regular access to secure outside space and visitors spoken with talked of outings with relatives. The centre had well developed community links and many, of both staff and residents, were local to the area. Residents who could were supported to go out with relatives or visit the nearby local town.

Communal areas were homely and provided residents with access to TV, radio and newspapers. In one day room there was a piano and an aquarium and residents took part in activities and games in this room in the afternoons. Staff were seen to treat residents with appropriate courtesy and regularly checked with individuals in relation to their comfort, or on their preferences around meals and drinks, for example.

A residents' committee convened regularly and minutes of these meetings were maintained. The records included a list of residents attending the meeting. Information about activities, such as a movie night, was a topic of discussion on the most recent meeting in April. Residents also expressed their view on the remembrance services that took place. Residents and relatives had completed survey feedback forms and these were available for reference. Comments on these forms indicated that personal choices were supported and that residents understood who was in charge, and who to speak with if they had any concerns. Comments about care were also positive, such as "day and night...staff are very kind and helpful".

Relevant and current policies were in place around rights, confidentiality, advocacy and the protection of property and finance. Independent advocacy arrangements were in place at the centre and access to this service was available on a regular basis. A review of practice confirmed that management appropriately invoked the input of relevant support organisations for consultation. There were no restrictive visiting arrangements and visitors were seen to visit and spend time with residents throughout the day. Closed circuit television (CCTV) was used appropriately, for security purposes only, in access areas and signage notifying its use was in place. Communication media such as radio, local papers and television were available in the day room, and many individual rooms, and residents had access to a private telephone if they wished. Management demonstrated a commitment to person-centred care and continual improvement. Residents' individual spaces were seen to be personalised to varying degrees with individual belongings and memorabilia. However, arrangements for accommodation in a multi-occupancy room, for up to three people, did not support adequate privacy for residents in the conduct of their personal activities. Resident areas in this room were personalised with photographs and belongings and adequate personal storage was accessible. Privacy screens were in use. However, these could not adequately ensure effective privacy of communication between residents, or in the conduct of day-to-day personal activities.

Judgment:

Substantially Compliant

Outcome 18: Suitable Staffing

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet

the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:
Workforce

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

A review of the planned and actual staff roster confirmed that there were a sufficient number of staff on duty at all times and that the competency level and skill mix of staff was appropriate to meet the assessed needs of the resident profile, having consideration for the size and layout of the centre. The inspector discussed the training programme with staff and management. A review of the training matrix confirmed that all members of staff had received current training in the required areas of abuse, fire-safety procedures and manual handling. The provider representative was qualified to deliver supported training in all mandatory areas. Wider training was provided to staff across the organisation on topics such as dementia care, responsive behaviours and cardio pulmonary resuscitation (CPR). Care was directed through the person in charge and effective systems of supervision were in place. Throughout the course of the inspection the person in charge demonstrated a professional approach to the role that included a commitment to a culture of improvement along with a well developed understanding of the associated statutory responsibilities. Staff spoken with reported significant support from management in their continuous professional development. There was a clearly defined management structure that identified the lines of authority and accountability. The person in charge confirmed that her role was appropriately supported and that contact was ongoing with the provider representative, who attended the centre several times a week on a routine basis. The management of the centre was also supported by an administrative resource. A company director held responsibility for the management of payroll and human resource issues. Staff meetings took place regularly and communication was made effective through handover meetings at the start of each shift, as well as a communication log where relevant information was recorded for reference. The person in charge confirmed that regular staff appraisals took place and records of these assessments were maintained on file. An effective audit system was in place to support supervision and identify areas for learning and improvement. An appropriately qualified, registered nurse was on duty at all times. Staff spoken with were aware of their responsibilities in relation to the overall welfare of residents.

As assessed on previous inspection, the recruitment and vetting policies and protocols were robust and verified the qualifications, training and security backgrounds of all staff. A sample of staff files was reviewed and documentation was appropriately maintained as per Schedule 2 of the regulations. Garda vetting was in place on the records reviewed and management confirmed that this vetting was in place for all existing members of staff, and that no new staff were being appointed without the required vetting being in

place. A record of current professional identification numbers was maintained for nursing staff. Documentation as required by the regulations was in place for volunteers.

Judgment:

Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Mairead Harrington
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Corpus Christi Nursing Home
Centre ID:	OSV-0000216
Date of inspection:	26/04/2017
Date of response:	25/05/2017

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 16: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Accommodation arrangements in a multi-occupancy room, for up to three people, did not support adequate privacy for residents in the conduct of their personal activities.

1. Action Required:

Under Regulation 09(3)(b) you are required to: Ensure that each resident may undertake personal activities in private.

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

Please state the actions you have taken or are planning to take:

We continue to monitor the situation and regulation with regard to the multi Occupancy room.

On a continuous basis we always ensure privacy is maintained while carrying out personal activities.

Proposed Timescale:
In Place

Proposed Timescale: 26/05/2017