<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Corpus Christi Nursing Home</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000216</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Brigown, Mitchelstown, Cork.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>025 84 844</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:corpuschristinh@eircom.net">corpuschristinh@eircom.net</a></td>
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<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Shannore Limited</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Michael O'Shea</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Mairead Harrington</td>
</tr>
<tr>
<td>Support inspector(s):</td>
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</tr>
<tr>
<td>Type of inspection</td>
<td>Unannounced Dementia Care Thematic Inspections</td>
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<td>Number of residents on the date of inspection:</td>
<td>33</td>
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<td>Number of vacancies on the date of inspection:</td>
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About Dementia Care Thematic Inspections

The purpose of regulation in relation to residential care of dependent Older Persons is to safeguard and ensure that the health, wellbeing and quality of life of residents is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer and more fulfilling lives. This provides assurances to the public, relatives and residents that a service meets the requirements of quality standards which are underpinned by regulations.

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care.
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 Quality 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 monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 2 day(s).

**The inspection took place over the following dates and times**

<table>
<thead>
<tr>
<th>From:</th>
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<tbody>
<tr>
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<td>20 April 2016 17:35</td>
</tr>
<tr>
<td>21 April 2016 09:25</td>
<td>21 April 2016 16:30</td>
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The table below sets out the outcomes that were inspected against on this inspection.

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Provider's self assessment</th>
<th>Our Judgment</th>
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<tbody>
<tr>
<td>Outcome 01: Health and Social Care Needs</td>
<td></td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 02: Safeguarding and Safety</td>
<td></td>
<td>Compliant</td>
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<tr>
<td>Outcome 03: Residents' Rights, Dignity and Consultation</td>
<td></td>
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<td>Outcome 04: Complaints procedures</td>
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<tr>
<td>Outcome 05: Suitable Staffing</td>
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<tr>
<td>Outcome 06: Safe and Suitable Premises</td>
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<td>Non Compliant - Moderate</td>
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**Summary of findings from this inspection**

This inspection report sets out the findings of a thematic inspection which focused on six specific outcomes relevant to dementia care. The purpose of this inspection was to focus on the care and quality of life for residents with dementia or cognitive impairment living in the centre. As part of the thematic inspection process, providers were invited to attend information seminars provided by HIQA. In addition, evidence-based guidance was developed to guide providers on best practice in dementia care and the inspection process. The provider had submitted a completed self assessment on dementia care, along with relevant policies and procedures, prior to the inspection. The inspection was unannounced and took place over two days.

The inspector met with residents, relatives, staff members, the person in charge and the proprietor of the centre. Of the 33 residents who were residing in the centre on the days of the inspection 9 had a confirmed diagnosis of dementia. The centre did not have a specific residential dementia unit and resident care was integrated throughout the centre. The inspector reviewed a number of care plans of residents...
with dementia, including processes around admission, assessment, referral and monitoring of care. The inspector observed care practices and interactions between staff and residents during the inspection that included the use of a standardised observation recording tool. Relevant documentation such as policies, medical records and staff files were also reviewed.

The provider had completed a dementia care self-assessment form in advance of the inspection. The self-assessment form compared the service with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 and the National Quality Standards for Residential Care Settings for Older People. The provider had assessed that the centre was in compliance with the requirements. The findings on this inspection concurred with the self-assessment in relation to health and social care, complaints, rights and dignity, safeguarding and staffing, with some areas for improvement identified in relation to premises. The inspection identified that the health and nursing care needs of all residents were being met and that appropriate provision of care was in place where residents were diagnosed with dementia or cognitive impairment.
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 Quality Standards for Residential Care Settings for Older People in Ireland.

**Outcome 01: Health and Social Care Needs**

**Theme:**
Safe care and support

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

**Findings:**
This outcome sets out the inspection findings relating to healthcare, assessment and care planning. The social care of residents with dementia is comprehensively covered in Outcome 3.

Training had been delivered to staff on 13 April 2016 around the development of person-centred care planning for residents with dementia that included management of the behaviours and psychological symptoms of dementia. This training had been delivered across staff in nursing, care and household areas of the centre and those staff spoken with were able to explain how this learning supported them in their delivery of care. There were suitable arrangements in place to meet the health and nursing needs of residents with dementia. The admission process included a pre-admission assessment undertaken by the person in charge. Residents were comprehensively assessed on admission and care plans were developed in line with residents' changing needs. A sample of care plans that were tracked during the inspection included those with a diagnosis of dementia or cognitive impairment. The care planning process involved the use of validated tools to assess residents’ risk of falls, nutritional status, level of cognitive impairment and skin integrity. Assessed needs identified in these care plans included communication related to dementia, nutrition, mobility and activities of daily life such as personal hygiene. In relation to these needs it was found that effective and timely reviews were carried out in keeping with regulatory requirements. The care planning process included regular consultation with relatives and family members as available and signatures to support such consultation were also recorded on file.

Catering staff spoken with had been appropriately trained and understood the particular needs of the resident profile. Hard copy communication systems for each resident with special dietary or nutritional needs were in place. These were regularly reviewed with nursing staff where changes occurred, or for new admissions. A record of residents who were on special diets, such as diabetic and fortified diets or fluid thickeners, was available for reference by all staff and kept under review. The dining room was bright and tables were well laid and set out for individuals or small groups according to preferences. Residents had a choice as to where they took their meals with some
choosing to remain in their room. Menus were regularly rotated and offered good choice and appropriate nutritional balance. Meals were seen to be freshly prepared and well presented. Meals were presented in an appetising way including those for residents who required the consistency of their food to be modified. Snacks and refreshments were seen to be appropriately provided on a regular basis throughout the duration of the inspection. Residents who returned a high risk score following assessment with a standardised nutritional assessment tool were monitored by a regime that included daily records of intake and a weekly review of weight records. The nutritional and hydration needs of residents with dementia were seen to be well met and supported by appropriate policies and guidance.

Records reviewed indicated that residents had regular access, or as required, to allied healthcare professional services such as speech and language therapy, physiotherapy, chiropody and dental and optical services.

A comprehensive policy on the provision of care at end-of-life was in place which appropriately addressed the physical, emotional, social, psychological and spiritual needs of the resident. The specialist services of a consultant geriatrician and palliative care team were also available. Of the records reviewed, meaningful end-of-life care plans were in place for those residents who had expressed preferences around place of death and religious services. There was evidence that practice and systems to prevent unnecessary hospital admissions were in place; these included policies around subcutaneous care and the use of a syringe driver and regular attendance and review by the general practitioner (GP). Residents were seen to have choice in relation to both their GP and pharmacist. Arrangements were in place to ensure privacy for residents at this time and the centre also provided self-contained accommodation for the relatives of a resident as necessary. The inspector spoke with relatives who had experienced a bereavement at the centre and information in this regard indicated that the quality of care provided was appropriately person-centred.

There were arrangements in place to review accidents and incidents within the centre, and residents were regularly assessed in relation to issues of mobility. Where care plans were in place around issues of mobility and falls those inspected were relevant and regularly reviewed. Based on observations, feedback and a review of documentation and systems, the inspector was satisfied that there were suitable arrangements in place to meet the health and nursing needs of residents with dementia or cognitive impairment.

Processes in place for the storage and handling of medicines, including controlled drugs, were safe and in accordance with current guidelines and legislation. Medication prescription and administration records were in keeping with regulatory requirements and contained the necessary biographical information. Staff were observed to follow appropriate practices ensuring that medications were administered in accordance with the requirements of a prescription. Times of administration were recorded and signed appropriately. Monitoring systems were in place that included audit processes and records reviewed indicated that an audit by the pharmacist had been undertaken in January 2016.

Judgment:
Compliant
**Outcome 02: Safeguarding and Safety**

**Theme:**
Safe care and support

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

**Findings:**
There was a policy in place for the prevention, detection and response to abuse which appropriately referenced current national policy and guidelines. There was a visitors’ record located by the reception area to monitor the movement of persons in and out of the building to ensure the safety and security of residents. The centre was further protected by closed circuit television cameras at access points the use of which was in keeping with policy and relevant guidance. There were arrangements in place to review accidents and incidents within the centre, and residents who had fallen had falls risk assessments completed and updated with corresponding care plans post falls.

Records reviewed indicated that regular training on safeguarding and safety was provided. Procedures were in place to record and manage allegations in keeping with policies and statutory guidance. Staff members spoken with by inspectors had received training and demonstrated their knowledge regarding reporting mechanisms within the centre and what to do in the event of a disclosure about actual, alleged, or suspected abuse. Residents spoken with stated they felt safe and well minded in the centre and were clear on who was in charge and who they could go to should they have any concerns they wished to raise.

There was a current policy and procedure in place on the management of residents' accounts and personal property. There were systems in place to safeguard residents’ money. At times the management team held some residents’ property or valuables for safekeeping. In these instances an inventory of residents’ individual belongings was maintained. There was a secure and transparent system for recording money or valuables received for safekeeping and money returned to residents. A sample of transactions was reviewed and documentation was in keeping with protocols and balance checks reconciled with records. There was a locked space available for the storage of valuables.

A current policy was also in place in relation to the management and care of residents with dementia that included directions to staff around the provision of care and management of behaviours and psychological symptoms of dementia (BPSD). Through the observation of interactions, and discussion with the person in charge, the inspector was satisfied that staff were knowledgeable of their residents' needs and provided support that promoted a positive approach in the management of such behaviours. Where residents were seen to be confused or uncertain it was noted that staff provided reassurance as necessary and diverted attention appropriately to reduce anxieties. A current restraint policy was in place that referenced national policy and provided...
appropriate direction and advice to promote a restraint free environment. Where restraints such as bed-rails were in use assessments had been undertaken and nursing notes reflected regular review with appropriate documentation in place to verify effective monitoring. These assessments were completed to determine the suitability of the restraint for the specific resident and alternatives to the use of restraint were considered prior to the enactment of the restraint measure. In keeping with statutory requirements information around the use and monitoring of restraint was recorded and reported to HIQA on a quarterly basis.

Judgment:
Compliant

Outcome 03: Residents’ Rights, Dignity and Consultation

Theme:
Person-centred care and support

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

Findings:
Relevant and current policies were in place around rights, confidentiality, advocacy and the protection of property and finance. The inspector reviewed the admissions policy and process and saw evidence in care planning that appropriate consideration was given to issues around choice and civil, political and religious rights. Residents could register to vote and procedures were in place to support any residents choosing to do so. The inspector observed a person-centred culture of care in the centre. Staff were seen to enquire as to the preferences of residents with dementia and also to accommodate those preferences and facilitate where residents might choose to change their minds about their choices. Appropriate consideration was given to how the mood of a resident with either dementia or particular emotional needs might change and staff were seen to implement measures to ease residents who were experiencing agitation. This included appropriate strategies of diversion or relevant questioning to ensure understanding of the issue and the provision of reassurance. It was clear that staff were familiar with the repertoire of behaviours an individual might present and also understood how to respond appropriately.

There were no restrictive visiting arrangements and, on the day of inspection, a good number of visitors were observed spending time and sharing activities with residents in all areas of the centre. Overall, feedback from visitors was positive around their experience and observation of care at the centre with some expressing a wish for more detailed communication and feedback on healthcare provision and decision making. The inspector spoke with a number of residents who also provided consistently positive feedback about the care and attention they experienced at the centre. A schedule of regular resident meetings was in place and the minutes recorded the issues discussed and a good level of attendance.
The centre had a full-time dedicated activity coordinator for the provision of an activity programme to include those specifically designed to support the needs of residents with dementia or cognitive impairment. For example, a ‘key to me’ initiative had begun which involved a one-to-one programme of discovery with residents around their life story to create a framework of reference to support staff in the delivery of reminiscence therapy. The weekly activity schedule included morning and afternoon arrangements for activities such as music, song, Sonas and exercise time. On the first day of inspection the residents were seen to enjoy a song session in one day room with a resident playing along on accordion. In the afternoon residents were seen partaking in skittles and ball exercises with both staff and visitors. The centre also provided access to therapy dogs that visited the centre regularly. A hairdresser regularly attended the centre and was also available on request by appointment. There was a secure, well maintained, central courtyard area with seating for use by residents and visitors. The centre also promoted a gardening activity and residents were seen tending to a raised planting bed in an enclosed area at the front of the building. The centre had well developed community links with the nearby market town and had access to local healthcare and pharmacy services with community pastoral services also seen in attendance during the inspection.

A communication policy was in place dated 16 January 2016 and throughout the inspection members of staff were observed engaging appropriately with all residents as a matter of course. Where residents with communication issues were identified appropriate care plans were in place that provided guidance to staff on the delivery of care which were regularly reviewed. Regular and positive communication was routinely observed between staff and residents. It was evident from responses by residents that staff were familiar with their needs and preferences. The care provided by members of staff was seen to be person-centred and resident led with residents able to exercise choice around where they rested, or ate, or spent time alone. All staff were seen to take their time when providing support and care to residents, whether walking with residents as they moved between areas or assisting residents with meals and refreshments; this included nursing, healthcare and household staff members. Residents were seen to have good access to communication media such as radio, local papers and television and a private telephone was also available.

Aside from routine observations, as part of the overall inspection, a standardised tool was used to monitor the extent and quality of interactions between staff and residents. This monitoring occurred during discrete 5 minute periods in a block of 30 minutes. Three episodes were monitored in this way and a positive result was recorded for each. It was noted that staff had engaged positively and meaningfully with residents on a regular basis. In general, residents with dementia were seen to receive care in a dignified way that respected their personhood. Inspectors observed staff interactions with residents that were appropriate and respectful in manner. Based on observations throughout the two days, and feedback from both residents and visitors, the inspector was satisfied that the centre provided an effective and meaningful programme of activities and interactions suitable to the assessed needs of the residents and appropriate for those with dementia and cognitive impairment.

Independent advocacy arrangements were in place at the centre and access to this service was available on a regular basis with advocates having attended the centre also on the week of inspection.
The inspector noted that where closed circuit television (CCTV) monitoring was in use it was in keeping with national policy and guidelines and appropriate signage notifying its use was on display at the entrance to the centre.

**Judgment:**
Compliant

**Outcome 04: Complaints procedures**

**Theme:**
Person-centred care and support

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

**Findings:**
There was a complaints policy in place that had been reviewed on 16 March 2016 and a copy of the complaints’ procedure was displayed prominently at the entrance to the centre. In keeping with statutory requirements the procedure for making a complaint included the necessary contact details of a complaints officer and also outlined the internal appeals process and the nominated individual with oversight of the complaints process. Contact information for the office of the Ombudsman was also provided.

The inspector reviewed the complaint records on file and noted that records were maintained about complaints with details of any investigation into the complaint and whether or not the complainant was informed of the outcome. A sample of entries was discussed with management and relevant parties and, based on this review, the inspector was satisfied that the system for dealing with complaints was in keeping with statutory requirements. Information on advocacy is recorded against Outcome 3 on Rights, Dignity and Consultation.

**Judgment:**
Compliant

**Outcome 05: Suitable Staffing**

**Theme:**
Workforce

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
A planned and actual staff roster was available for review and the inspector was satisfied that the staff numbers and skill mix were appropriate to meet the needs of the residents having consideration for the size and layout of the centre. Discussions with staff and a review of the training matrix with management confirmed that training was up-to-date in mandatory areas such as safeguarding and safety, fire procedures and manual handling. Supervision was directed through the person in charge. There was a clearly defined management structure that identified the lines of authority and accountability. Management systems were supported by an administrative resource and the provider was in regular attendance on site. Staff meetings were in place to ensure that information was communicated effectively and minutes of these meetings were available for reference. A schedule of staff appraisals was in place and staff spoken with confirmed that their performance was reviewed on at least an annual basis. Supervision was also implemented through monitoring and control procedures such as audit and review. 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 and also demonstrated a good understanding of the particular needs of residents with dementia or cognitive impairment. Staff spoken with said they felt supported by management in their continuous professional development and additional training had recently been delivered on person-centred dementia care and the management of behaviours and psychological symptoms of dementia. Staff support for the delivery of safe care also included training in dysphasia, infection control and cardio-pulmonary resuscitation.

Recruitment and training records and procedures were reviewed and the inspector spoke with staff and management in relation to both these systems. 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. A record of current professional registration details was in place. Appropriate documentation as per statutory requirements was in place for volunteers.

**Judgment:**
Compliant

**Outcome 06: Safe and Suitable Premises**

**Theme:**
Effective care and support

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

**Findings:**
The centre was located on the outskirts of Mitchelstown and set slightly off the main road on its own site with a suitable parking area at the front of the building. The centre was constructed over two floors with accommodation and facilities for residents located on the ground floor only. On entering the centre there was a small smoking room on the
right which was equipped with an accessible fire extinguisher and a fire blanket. The
nursing station was on the other side of this hall with a small oratory located opposite.
Staff changing and shower facilities were on the second floor and access to the stairs
was restricted by keypad. This floor also had a self contained studio available as
required for overnight accommodation by relatives of residents at end of life. At the
back of the building was a secure, courtyard area with a water feature which residents
and visitors could safely access. A small, gated area at the front of the building was also
available where residents could sit or tend to a well maintained raised bed of plants.

The centre provided two communal day areas, a dining room and a small library facility
where residents could also receive visitors in private if they so wished. There was a
separate kitchen area adjacent to the dining room that was appropriately equipped with
the necessary cooking and food storage facilities to deliver an effective catering service
to the centre. The premises were generally well maintained and decorated. However,
from the perspective of a resident with dementia or cognitive impairment, further
consideration could be given to supporting orientation within the centre by the effective
use of contrasting colours, clear signage with large print or pictograms.

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. Where residents shared a room adequate
privacy was ensured and effective screening facilities were in place. Rooms were of an
appropriate size and layout to provide adequate space for staff to both assist residents
and use assistive equipment if required. There was a functioning call bell system in place
throughout the centre. Residents had access to assistive equipment as necessary such
as wheelchairs and walking frames. Staff were seen to provide assistance to residents
that was in keeping with their mobility needs and promoted their independence.

While there were a sufficient number of toilets, bathrooms and showers to adequately
meet the needs of the centre at full occupancy -the design and layout of the location of
these facilities did not effectively support ease of access. For example the ensuite toilet
in the three-bedded room was too narrow to allow use by anyone requiring assistance
and could not accommodate a hoist. Also, a bathroom that provided an assisted bath
facility could not safely be used by anyone requiring assistance as the bathside was set
against a wall and not suitable for use with a hoist. Additionally, in one instance, a toilet
and shower facility was not in a good state of repair where a drain seal was broken and
a grab rail had rusted.

Judgment:
Non Compliant - Moderate
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
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 06: Safe and Suitable Premises

Theme:
Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The design and layout of some bathroom facilities did not meet the needs of residents.

1. Action Required:
Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

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 are currently upgrading our bathroom facilities to meet the needs of the residents.

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<th>Proposed Timescale: 30/09/2016</th>
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<tbody>
<tr>
<td>Theme:</td>
</tr>
<tr>
<td>Effective care and support</td>
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**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
In one instance a toilet and shower facility was not in a good state of repair where a drain seal was broken and a grab rail had rusted.

**2. Action Required:**
Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

**Please state the actions you have taken or are planning to take:**
This drain seal and Grab Rail have been repaired.

| Proposed Timescale: 20/05/2016 |