



Report of an inspection of a Designated Centre for Older People.

Issued by the Chief Inspector

Name of designated centre:	Corbally House Nursing Home
Name of provider:	Corbally House Nursing Home Ltd
Address of centre:	Mill Road, Corbally, Limerick
Type of inspection:	Unannounced
Date of inspection:	13 March 2025
Centre ID:	OSV-0005560
Fieldwork ID:	MON-0046649

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Corbally House Nursing Home is registered to provide care to 40 residents. It is located on the outskirts of Limerick city in a residential area on the banks of the river Shannon. Resident accommodation is over two floors with the majority of the residents residing on the ground floor. Stairs and a chair lift provide access between floors. There is plenty of outdoor space with landscaped gardens located to the front and side of the centre and a secure outdoor courtyard by the front entrance with garden furniture, bird tables and potted plants. There is an internal enclosed winter garden with glass walls and glass ceiling for light and sunshine which was a focal point in the centre and enjoyed by residents and relatives throughout the year. The centre provides residential care predominately to people over the age of 65 but also caters for younger people over the age of 18. The centre provides 24-hour nursing care with a minimum of two nurses on duty during the day and one nurse at night. The nurses are supported by care, catering, household and managerial staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	39
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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
Thursday 13 March 2025	10:00hrs to 18:00hrs	Una Fitzgerald	Lead

What residents told us and what inspectors observed

Resident and family feedback was very positive. The findings were that this was a well run centre. The inspector observed that residents were well supported and cared for by the staff, who were kind, caring and responsive to residents' needs. It was clear that residents views were listened to and that they were supported by a dedicated staff team. The inspectors' observations and residents feedback gave assurances that residents were happy and content with living in the centre.

Following an introductory meeting, the inspector completed a walk around the centre. The inspector observed that residents were being supported and assisted by staff with their morning care. Throughout the day, the inspector met and spoke with many of the residents and staff and the feedback from residents was very positive. Multiple residents described the centre as "excellent". Residents praise for the staff was repeated throughout the day. A small number of residents spoke passionately about their admission into the centre. Residents told the inspector that the idea of being admitted into a nursing home had been very difficult. They told the inspector that the staff made this journey very smooth and one resident stated with amusement that they now "Love it here" and would "never ask to go home". The resident attributed this sense of belonging to the relationships they had built up with other residents and with the staff delivering their care. The residents were familiar with the management team who they reported were always available to discuss any requests.

During the day, the inspector observed that the atmosphere was calm and relaxed. Call bells were responded to by staff in a timely manner and many residents were up and dressed waiting in the communal sitting room for activities to begin. The inspector observed many person-centred interactions between staff and residents during the inspection. Staff were observed to knock before entering residents' bedrooms and were observed to respectfully support residents with their mobility and care needs. Residents appeared well-groomed in their own personal style and gave positive feedback regarding the laundry service in the centre.

Many of the residents were very complimentary regarding the quality and choice of food served in the centre. Multiple residents told the inspector how they looked forward to the different meal choices and that the food was always tasty. Residents could chose to dine in their bedrooms. While the inspector was in conversation with a resident, a staff member entered the room to confirm the residents evening meal choice. The resident stated that they had changed their mind and requested "egg and chips". This request was facilitated.

The centre was warm and comfortable throughout. Residents' communal sitting and dining rooms were decorated in a comfortable style that was familiar to residents. While the main communal room space was limited, multiple residents told the inspector that they found this added to the atmosphere in the room as the close

proximity allowed for social engagement and interaction.

Residents had personalised their bedrooms with items of individual interest such as personal photos and other items. Some residents brought in furniture from home which had a personal significance for them and made them feel comfortable and at ease in their environment.

The inspector observed that not all parts of the centre was clean. Communal bathrooms were not cleaned to an adequate standard. The supervision arrangements in place monitoring the level of environmental hygiene was observed to be poor. The inspector reviewed bedrooms and bathrooms that had been cleaned on the morning of inspection and observed that the rooms were visibly unclean. For example, multiple shower trays when lifted had accumulation of dirt. The ground surface was concrete which meant that the area was not amenable to effective cleaning.

There was a large enclosed garden with a protected glass roof. This space was decorated with bunting and decorations for the upcoming St Patrick's day festive celebrations. There was a schedule of activities posted on a notice board at the entrance to the main communal sitting room. The inspector observed the activity staff engaged in a group activity in the day room. Residents were actively engaged in this session. Residents spoke highly of the activities provided and described their enjoyable experience of taking part in the arts and crafts. There was hand made flowers placed in vases throughout the centre that had been made by the residents. The flowers were vibrant and bright. Residents told the inspectors that there was plenty of choice and confirmed that they could choose whether or not to participate in the social activities scheduled.

Residents were observed to be receiving visitors with no restrictions throughout the day. Visitors said they could come to the centre anytime. Visitors spoken with said that their relatives were very happy living in the centre. Visitors reflected the resident feedback about staff, saying staff were 'very friendly and very kind'.

Capacity and capability

The findings of the inspection reflected a commitment from the provider to ongoing quality improvement that would enhance the daily lives of residents. The governance and management was well-organised and the centre was sufficiently resourced to ensure that residents were supported to have a good quality of life. The provider was delivering appropriate direct care to residents. However, this inspection found that the management and oversight of the overall cleanliness of the centre was inadequate. The systems in place for staff supervision was not in full compliance with the regulations.

This was an unannounced inspection conducted over the course of one day to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of

Residents in Designated Centres for Older People) Regulations 2013 as amended.

Corbally House Nursing Home Limited is the registered provider of the centre. The centre was registered to accommodate 40 residents. On the day of inspection, there was 39 residents living in the centre, with one vacancy. There were sufficient numbers of suitably qualified nursing, healthcare and household staff available to support residents' assessed needs. There was a stable management structure within the centre. A company director worked full-time in the centre and was known to all residents spoken with. Within the centre, the person in charge was supported by an assistant director of nursing, a clinical nurse manager, a team of nurses, healthcare assistants and support staff. This management structure was found to be effective for the current number of residents.

The inspector reviewed a sample of staff files. The files contained the necessary information as required by Schedule 2 of the regulations including evidence of a vetting disclosure, in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012. There were arrangements in place for the ongoing supervision of clinical staff through senior management presence, and through formal induction and performance review processes.

Records reviewed by the inspector confirmed that training was provided through a combination of in-person and online formats. All staff had completed role-specific training in safeguarding residents from abuse, manual handling, infection prevention and control, the management of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment) and fire safety.

An annual review of the quality and safety of care delivered to residents was in draft format and awaiting the return of resident satisfaction surveys. The management team held weekly management meetings and all areas of care delivery was discussed. There was clear evidence of quality improvement initiatives in place to improve the lived experience of residents and improve quality of life.

Information from key aspects of the quality of resident care, including information in relation to falls, restrictive practices, and hygiene and infection control procedures was collected and reviewed by the person in charge. There was some evidence that this information was analysed to identify areas for quality improvements. However, a review of the sample audits found that some audits were not effectively used to identify risks and deficits in the service. For example, environmental audits completed prior to the day of inspection had failed to identify that communal bathrooms were not clean and that concrete shower surfaces were not amenable to cleaning. This meant that no quality improvement plan could be developed.

Incidents were appropriately notified to the Chief Inspector of Social Services, within the required time-frame.

The person in charge held responsibility for the management of complaints. At the time of inspection, all logged complaints were been managed through the complaints policy.

Regulation 15: Staffing
On the day of inspection, the staffing numbers and skill mix were appropriate to meet the needs of residents, in line with the statement of purpose. There was sufficient nursing staff on duty at all times, and they were supported by a team of health care staff. The staffing compliment also included catering, housekeeping, activities and management staff.
Judgment: Compliant
Regulation 16: Training and staff development
Staff had access to and had received appropriate training.
Judgment: Compliant
Regulation 21: Records
Records set out in Schedules 2, 3 and 4 were kept in the centre, were stored securely and readily accessible. The inspector reviewed a number of staff personnel records, which were found to have all the necessary requirements, as set out in Schedule 2 of the regulations.
Judgment: Compliant
Regulation 23: Governance and management
<p>The systems in place to ensure that a safe, monitored and consistent service was provided were not fully effective. This was evidenced by,</p> <ul style="list-style-type: none"> • The system in place to oversee infection prevention and control practices within the centre was inadequate. The completed cleaning audits did not identify that the premises were unclean. The supervision arrangements in place to ensure that the centre was adequately cleaned were not effective. The result of this was a poor standard of cleanliness within the centre.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Incidents that required notification to the Chief Inspector had been submitted, as per regulatory requirements.

Judgment: Compliant

Regulation 34: Complaints procedure

A review of the logged complaints found that concerns were promptly managed and responded to, in line with regulatory requirements.

Judgment: Compliant

Quality and safety

The inspector found that the centre promoted a human rights-based approach to care and support for residents living in Corbally House Nursing home. Residents spoke positively about the care and support they received from staff and confirmed that their experience of living in the centre was positive. Residents' rights and choices were upheld and their independence was promoted. Staff were respectful and courteous with residents. Notwithstanding this positive finding, the inspector found that the standard of environmental hygiene was inadequate and did not align fully with the requirements of the regulations.

Infection prevention and control measures were in place and monitored by the person in charge. While communal accommodation was found to be clean, a number of issues which had the potential to impact on effective infection prevention and control were identified during the course of the inspection. For example, communal bathrooms were visibly unclean. The provider had not ensured that the environment was managed in a way that minimised the risk of transmitting a health care associated infection. Infection prevention and control practices in the centre were not in line with the national standards. These findings are outlined further under Regulation 27: Infection Control.

Nursing and care staff were knowledgeable about residents' care needs and this was reflected in the nursing documentation. A sample of residents' documentation was reviewed by the inspector. Residents' care plans were developed within 48 hours

following admission to the centre. All care plans reviewed were personalised and updated regularly and contained detailed information specific to the individual needs of the residents and were sufficiently detailed to direct care. Comprehensive assessments were completed using validated tools and these were used to inform the care plans. There was evidence of ongoing discussion and consultation with the families in relation to care plans. Care plans were maintained under regular review and updated as required. Daily nursing records demonstrated good monitoring of residents' care needs.

Residents received a good standard of evidence-based nursing care and there was appropriate oversight of residents clinical care. Residents had access to medical assessments and treatment by their general practitioners. Management and staff were proactive in referring residents to a range of allied health professionals. From the sample of files reviewed, it was evidenced that recommendations from allied health professionals were implemented to improve residents' health and well being.

Residents reported that they felt safe living in the centre. A safeguarding policy provided guidance to staff with regard to protecting residents from the risk of abuse. Staff demonstrated an appropriate awareness of the centres' safeguarding policy and procedures, and demonstrated awareness of their responsibility in recognising and responding to allegations of abuse.

The ethos of care in the centre was person-centred. Residents' rights and choices were respected and upheld, and their independence was promoted. Staff demonstrated an understanding of residents' rights and supported residents to exercise their rights and choice in their daily lives and routines.

Residents had access to an independent advocacy service. Residents had the opportunity to meet together and to consult with management and staff on how the centre was organised, as evidenced by the minutes of resident meetings.

The registered provider had arrangements in place to facilitate residents to receive visitors. Visits to residents were not restricted. Visitors spoke very highly of the care that their relatives received and had a high level of praise for the management staff and the staff delivering the direct care.

Regulation 11: Visits

The registered provider had arrangements in place for residents to receive visitors. Those arrangements were found not to be restrictive, and there was adequate private space for residents to meet their visitors.

Judgment: Compliant

Regulation 27: Infection control

The inspector found that the registered provider did not ensure that care was provided in a clean environment as evidenced by:

- Poor oversight of the cleaning procedure and the quality of environmental hygiene. For example, a number of areas were visibly unclean on inspection including the residents' communal bathrooms.
- There was inadequate number of hand hygiene sinks in close proximity to the place of delivery of care. In addition, there was no facility for staff and visitors to dry their hands having completed hand hygiene.
- Shower trays were visibly unclean.
- Some communal shower drains were blocked. .
- Rooms that were deemed clean were visibly unclean.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Residents had person-centred care plans in place which reflected residents' needs and the supports they required to maximise their quality of life.

Judgment: Compliant

Regulation 6: Health care

Residents had access to medical assessments and treatment by their General Practitioners (GP), and the person in charge confirmed that GPs were visiting the centre, as required.

Residents also had access to a range of allied health care professionals such as physiotherapist, dietitian, speech and language therapy, tissue viability nurse, psychiatry of old age, and palliative care.

Judgment: Compliant

Regulation 8: Protection

There were systems in place to safeguard residents and protect them from the risk

of abuse. Safeguarding training was up-to-date for all staff and a safeguarding policy provided staff with support and guidance in recognising and responding to allegations of abuse. Residents reported that they felt safe living in the centre.

The provider did not act as a pension agent for any residents living in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

Residents stated that they felt at home in the centre, that their privacy and dignity was protected, and that they were free to exercise choice about how to spend their day.

There was evidence that residents were consulted with and participated in the organisation of the centre and this was confirmed by residents and the minutes of residents meetings which the inspector reviewed. The inspector found that residents' right to privacy and dignity was promoted, and positive, respectful interactions were seen between staff and residents.

The residents had access to local newspapers, radios, telephones and television. Mass was celebrated in the centre weekly.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 27: Infection control	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Corbally House Nursing Home OSV-0005560

Inspection ID: MON-0046649

Date of inspection: 13/03/2025

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>On 18th March 2025, a meeting was held with the housekeeping staff to address the findings from HIQA. The agenda included reviewing the cleaning schedule, identifying training needs, and discussing concerns regarding compliance with infection prevention and control protocols.</p> <p>As a result of the meeting, a "Housekeeping Daily Cleaning Schedule" was established. This schedule outlines specific tasks that must be completed at designated times, which will help organize cleaning activities effectively and ensure that no areas of the nursing home, such as the communal shower drains, are overlooked. It will also serve as a clear guide for the housekeeping staff regarding their responsibilities throughout the day. Furthermore, training needs were identified, and the IPC link conducted a housekeeping refresher training session for all housekeeping staff on April 1, 2025.</p> <p>IPC audit tools are also reviewed and enhanced for the robust monitoring of the compliance plan. The IPC link and management team will conduct the audits and random visual inspection of rooms and communal areas.</p>	
Regulation 27: Infection control	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>Compliance for regulation 23 is also same with the compliance for regulation 27 and to include:</p> <p>Installation of two portable sinks in zones one and two, strategically placed in front of room 28 and room 11. The sinks will have a built-in bin, soap dispenser, and paper towel</p>	

holder. This will ensure visitors and staff have close proximity to hand hygiene sinks if needed. Sinks were ordered on the 9th of April 2025 and will be installed as soon as it is delivered.

Moreover, the renovation of shower trays will commence to enhance their ease of cleaning and to ensure compliance with infection prevention and control standards. This renovation is scheduled to begin on April 16, 2025, and is anticipated to be completed by April 18, 2025.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	01/05/2025
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	01/05/2025