



# 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:	Announced
Date of inspection:	07 February 2024
Centre ID:	OSV-0005560
Fieldwork ID:	MON-0039268

## 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. Private accommodation comprises of 36 single bedrooms and two twin bedrooms, 20 of which have en suite shower, toilet and wash-hand basin facilities provided. 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. It offers care to residents with varying dependency levels ranging from low dependency to maximum dependency needs. It offers care to long-term residents and to short-term residents requiring rehabilitation, post-operative, convalescent and respite care.

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. Medical and allied healthcare professionals provide ongoing healthcare for residents.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	39
------------------------------------------------	----

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Wednesday 7 February 2024	10:00hrs to 18:00hrs	Una Fitzgerald	Lead

## What residents told us and what inspectors observed

Residents living in Corbally House Nursing Home were complimentary of the quality of care they received from staff who they described as caring and kind. Residents told the inspector that staff were attentive to their needs. Residents confirmed that they had access to a call bell and that they were satisfied with the call bell response times. However, there was aspects of the premises that residents were not satisfied with. For example; the provision of a consistent supply of hot water in resident bedrooms.

Following an introductory meeting, the inspector walked through the centre and met with residents. The inspector spoke with residents in detail about their experience of living in the centre. When describing the care received, residents stated "top of the range" and "the staff are on top of it". Some residents, who were unable to articulate their experience of living in the centre appeared comfortable and relaxed in their environment.

There was a calm, friendly, and relaxed atmosphere in the centre throughout the inspection. During the morning, the inspector observed an exercise activity in the main communal room. There was twenty nine residents' partaking in the session. The inspector observed that the staff were actively encouraging residents to partake in the activity and identified each resident by name.

Residents told the inspector that their bedrooms were cleaned daily. Residents were encouraged to personalise their bedrooms with items of significance, such as ornaments and photographs. Some residents had small fridges in their bedrooms to store snacks. Personal clothing was laundered on-site and residents expressed their satisfaction with the service provided, describing how staff took care with their personal clothing and returned it promptly to their bedroom.

The inspector observed that parts of the premises were not in line with the requirements of Regulation 17: Premises. Multiple corridors were in need of repainting. Storage was limited. For example, mobility aids were stored in communal bathrooms in use by residents. The inspector observed that the temperature in the water supply in the residents bathrooms in parts of the building was inadequate and inconsistent. Following a concern communicated to the office of the Chief Inspector, the inspector ran the taps in a number of resident bedrooms and found that the water was cold.

Meals were served to residents in the main dining room, with two seatings to accommodate all residents. Some residents attended the dining rooms while others chose to have their meals in their bedrooms. Staff were available to provide discreet assistance and support to residents.

Residents were kept informed about changes occurring in the centre through scheduled monthly resident meetings. Residents told the inspector that they looked

forward to activities. Residents told the inspector about the variety of activities they could choose to attend. This included arts and crafts and music activities.

The following sections of this report detail the findings with regard to the capacity and capability of the centre and how this supports the quality and safety of the service provided to residents.

## Capacity and capability

Overall, the findings of this inspection were that residents were receiving a good quality service in a care environment that was safe and met residents assessed health and social care needs. A review of the management systems of oversight found that some action was required to achieve full compliance in Regulation 23: Governance and Management. In the area of quality and safety, the findings reflected non-compliant issues in relation to the premises and the management of infection control.

This was an announced inspection, carried out by an inspector of social services, to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and to follow up on unsolicited information of concern in relation to the availability of a continuous supply of hot water in the centre. The information received was substantiated on the day of inspection. The registered provider representative confirmed that parts of the premises did not have a consistent supply of hot water for a period of weeks and committed to take appropriate action to resolve the hot water supply to ensure compliance with Regulation 17: Premises. The detail of action taken will be outlined in the compliance plan response in Section one of the report.

The registered provider of the centre is Corbally House Nursing Home Limited. A director of the company represented the provider and was actively involved in the daily operation of the centre. 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. On the day of inspection there was 39 residents living in the centre, with one vacancy. There were sufficient numbers of suitably qualified nursing, care and household staff available to support residents' assessed needs.

All new staff went through a process of induction into the centre. The inspector found that staff had access to training, appropriate to their role. This included infection prevention and control training, manual handling, and safeguarding training. Staff responses to questions asked displayed a good level of knowledge.

Policies and procedures were available in the centre providing staff with guidance on how to deliver safe care to the residents.

The provider had implemented an auditing schedule as part of the system in place to monitor the service. The person in charge, supported by the assistant director of nursing team were completing monthly audits. The system included monitoring of care plan documentation and infection prevention and control practices. The inspector found that the audit system in place was not fully effective to support identification of risk and deficits in the quality and safety of the service. For example;

- the audits had not identified that an inconsistent supply of hot water was a risk to resident choice and was a risk in the management of infection prevention and control practices.
- the provide had failed to ensure that the recruitment system in place met with Schedule 2 requirements. For example; a review of staff files found that a number of new staff had commenced employment in the centre prior to the completion of valid Garda vetting process. This was a safeguarding risk to residents.
- The audits used in the centre were not designed to review areas of the service against best practice standards and regulations. Multiple audits reviewed by the inspector were a list of statistical information. The inspector reviewed an infection control audit. This gathering of information was not identifying any non-compliance and so could not be utilised in informing quality improvement initiatives.
- Fire evacuation drills were practiced. However, the fire drill reports did not contain sufficient information to demonstrate the effectiveness of the evacuation procedure. While the fire warden had knowledge of the scenarios created, the records did not contain the detail and so analysis of the deficits and improvement actions required was not documented.

The centre had a complaints policy and procedure which outlined the process of raising a complaint or a concern. A summary of the complaints procedure was prominently displayed for information for residents and their relatives.

## Regulation 15: Staffing

The staffing levels and skill-mix were appropriate to meet the assessed needs of residents. There was sufficient nursing staff on duty at all times, and they were supported by a team of healthcare and activities staff. The staffing complement also included catering, laundry, administrative and management staff.

Judgment: Compliant

## Regulation 16: Training and staff development

Staff were facilitated and supported to attend training relevant to their role.

Staff were appropriately supervised to carry out their duties to protect and promote the care and welfare of all residents. Arrangements were in place to induct and orientate staff, and to support staff to provide safe and effective care to residents.

Judgment: Compliant

### Regulation 23: Governance and management

The management systems in place to ensure the service was safe and well monitored required review to ensure full compliance with the regulations. For example;

- the risk management system in place was not effectively implemented, as risks identified in the centre were not reviewed in accordance with the centre's own policy. Risks specific to access to a piped supply of hot water was not identified on the risk register. There was insufficient evidence that appropriate timely measures were taken to identify the cause and ensure resolution.
- ineffective systems to evaluate and improve the quality of the service. For example, audit on infection prevention and control practices was a list of statistical information. There was no audit finding or documented quality improvement actions identified.
- The system in place for the purpose of recruitment of staff required review. Staff files did not contain all of the information required under schedule 2 of the regulations. The inspector reviewed four staff files and found that the staff had commenced employment in the centre in advance of having a valid Garda vetting disclosure on file.

The compliance plan following the previous inspection had not been fully implemented, and this resulted in some repeated non-compliance with the regulations.

Judgment: Substantially compliant

### Regulation 34: Complaints procedure

There was an effective complaints procedure in place which met the requirements of Regulation 34. A review of the records found that complaints and concerns were managed and responded to in line with the regulatory requirements.



Judgment: Compliant

## Quality and safety

Residents spoken with told the inspector that they received a good standard of care and support which ensured that they were safe and that they could enjoy a good quality of life. There was a person-centred approach to care, and residents' well-being and independence was promoted. However, this inspection found that the provider had taken insufficient action to ensure that there was a continuous supply of hot water in resident bathrooms. This meant that bathing and showering facilities were not always available at the time of the residents choosing. In addition, the inspector found repeated issues relating to Regulation 27: Infection control.

The inspector reviewed a sample of resident's assessments and care plans and found that, in general, the residents' nursing needs were being assessed using validated tools. Assessments informed the development of care plans that reflected person-centred guidance on the current care needs of the residents. For example, residents nutritional care needs were appropriately assessed to inform specific nutritional care plans that details residents dietary requirements and the frequency of monitoring of residents weights. There were appropriate referral pathways in place for the assessment of residents identified as at risk of malnutrition by dietitian and speech and language services. Records of wound management evidenced that actions taken had positive outcomes for residents.

Residents were provided with appropriate access to medical care. Arrangements were in place for residents to access the expertise of allied health and social care professionals such as dietetic services, speech and language and palliative care services.

The centre promoted a restraint-free environment and there was appropriate oversight and monitoring of the incidence of restrictive practices in the centre.

Overall, the premises were laid out to meet the needs of the current residents. Each bedroom had sufficient storage for personal belongings. Each resident had access to a call bell for when assistance was required. However, a review of the premises found a lack of of suitable storage, wear and tear of flooring, poor condition of some corridor and bedroom walls, and an inadequate supply of hot piped water.

The inspector found that some areas of clinical practice related to infection prevention and control, such as hand hygiene, and some cleaning procedures were not in line with best practice guidelines.

In regards to fire safety, the inspector found improvements in the existing fire systems in place since the last inspection. Service records were available and were up-to-date. The inspector spoke with multiple staff members on duty in regard to fire safety and evacuation procedures. Staff were trained in fire safety, and

displayed good knowledge with what action to take on the sounding of the fire alarm. Fire drills were completed. However, the records reviewed did not contain sufficient detail to identify any areas for improvement or learning.

A safeguarding policy provided guidance to staff with regard to protecting residents from the risk of abuse. Staff demonstrated an appropriate awareness of their safeguarding training and detailed their responsibility in recognising and responding to allegations of abuse.

The rights of residents were promoted in the centre. Residents were supported to express their feedback on the quality of the service. Apart from the issue of access to hot water for the purpose of showering facilities, residents reported that they were provided with a service based on their preferences and choice.

### Regulation 11: Visits

The registered provider had ensured that visiting arrangements were in place and were not restricted.

Judgment: Compliant

### Regulation 17: Premises

The premises was not maintained in line with the requirements of Schedule 6 of the regulations. This was evidenced by;

- an insufficient supply of hot piped water in each resident bedroom.
- storage space was limited. For example; mobility aids were inappropriately stored within the communal bathrooms.
- floor covering in multiple bathrooms was lifting and in a poor condition. Gaps between the skirting and flooring was gathering dirt and debris.

Judgment: Not compliant

### Regulation 27: Infection control

The care environment and equipment was not managed in a way that minimised the risk of transmitting a healthcare-associated infection. This was evidenced by;

- Barriers to effective hand hygiene practice were observed during the course of this inspection. For example, some alcohol hand gel dispensers required

attention. The collection trays were unclean and had an accumulation of layers of gel.

- Multiple bathrooms had no facility for staff to dry hands following hand washing procedures.
- Multiple commode chairs were visibly unclean, increasing the risk of environmental contamination and infection transmission.
- Floor coverings in multiple areas were damaged or torn. Consequently, there was a build up of dirt and debris that could not be effectively cleaned.

This is a repeated non-compliance.

Judgment: Not compliant

### Regulation 5: Individual assessment and care plan

Residents care plans were developed upon admission and formally reviewed at intervals not exceeding four months.

Care plans were informed through assessment using validated assessment tools that assessed, for example, residents dependency, risk of falls and risk of malnutrition.

Judgment: Compliant

### Regulation 6: Health care

Residents had timely 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, occupational therapist, dietitian, speech and language therapy, tissue viability nurse and palliative care.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

The provider promoted a restraint-free environment in the centre, in line with local and national policy. Each resident had a risk assessment completed prior to any use of bedrails.

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 support and guidance in recognising and responding to allegations of abuse. Residents reported that they felt safe living in the centre.

Judgment: Compliant

### Regulation 9: Residents' rights

There was facilities for residents occupation and recreation and opportunities to participate in activities in accordance with their interests and capacities. Residents expressed their satisfaction with the variety of activities on offer.

Residents had the opportunity to be consulted about and participate in the organisation of the designated centre by participating in residents meetings. Residents that spoke with inspectors said that they had a choice about how they spend their day.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not compliant
Regulation 27: Infection control	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Corbally House Nursing Home OSV-0005560

Inspection ID: MON-0039268

Date of inspection: 07/02/2024

## 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> <ul style="list-style-type: none"> <li>- Risk management plan commenced and is recorded in the risk register. The Engineer who designed the system fixed whatever the issue was on the 12th of March. Hot water supply now in full working order.</li> <li>- audit forms have undergone a thorough review process to ensure that all the necessary components were included to ensure they are center specific for a more effective monitoring to help the management to identify the areas for improvement. These include Issues / problems encountered during the audit, considering the areas that requires improvement and learning outcome which is valuable resource for future improvements. We have also included a comprehensive action plan outlining the necessary steps to address the identified issues. Any findings will be presented to QIM meeting and this will be communicated to all staff. This new audit forms is now in use.</li> <li>-In line of recruitment, Corbally House will be even more rigorous when it comes to screening all potential applicants. A meticulous review of each applicant’s records and requirements must be complete before employment.</li> </ul>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> <li>-Corbally House home improvement is ongoing and each has a schedule. Floor coverings are being assessed and replaced when necessary to facilitate effective cleaning.</li> </ul>	

Decorating of the facility is ongoing. Any issues regarding interior premises and re-painting of bedroom walls is addressed. Target date of completion is 30th of June 2024.

-The RPR addressed the hot water issue. The Engineer who designed the system came. A repair was made 12th of March 2024. Hot water supply now in full working order.

-For the limited storage space. A meeting was held the 26th of February to address the concern. Meeting was held with the housekeeping staff, IPC link and chaired by DON. To maximize the storage space, decluttering was carried out, equipment that are not commonly use were placed in the rented storage unit in town. Some chemicals stored near the food storage area were relocated to the housekeeping lockable press. Mobility aids of the residents will be placed within their reach or in their own room when not in use. PIC, ADON and CNM will continuously monitor to ensure adherence that equipment were correctly placed in designated area.

Regulation 27: Infection control

Not Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:

- Daily cleaning and checking of alcohol dispenser are done by housekeeping on duty as usual. To ensure functionality and cleanliness, each dispenser is checked every 15th and end of each month by housekeeping and is documented. The IPC link monitors and does spot audit randomly.

-Commodes are cleaned / disinfected immediately before and after each use following routine cleaning protocols. IPC link monitors effectiveness weekly using the revised audit form. Commodes that are not fit for use have now been replaced with new ones.

- Residents are provided with clean washable hand towels daily for drying their hands, Staff ensures adequate amount of towels are in place for resident's use throughout the day. Each staff are provided with small size alcohol hand rub with them for hand hygiene use. To wash their hands, staff will perform it to the nearest handwashing area.

As an infection control precautions, a designated visitor's toilet equipped with handwashing sink, soap and disposable hand towel is available in the facility.





## 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 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	30/06/2024
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	30/04/2024
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare	Not Compliant	Orange	30/06/2024

	associated infections published by the Authority are implemented by staff.			
--	----------------------------------------------------------------------------	--	--	--