



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

Issued by the Chief Inspector

Name of designated centre:	Amberley Home and Retirement Cottages
Name of provider:	Amberley Home and Retirement Cottages
Address of centre:	Acres, Fermoy, Cork
Type of inspection:	Unannounced
Date of inspection:	01 December 2022
Centre ID:	OSV-0000189
Fieldwork ID:	MON-0038446

About the designated centre

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

Amberley Nursing Home was purpose built and opened in 2005. It is registered to meet the needs of 71 older adults from age 18 years upwards. There is a dedicated nine-bedded dementia unit in the centre with 24 hour nursing and medical care available. There are a range of sitting and dining rooms located throughout the building. The main dining rooms are very spacious with windows overlooking the garden. The centre also offers an oratory, staff rooms, two bathrooms: one with a hydrotherapy bath, and a smoking room for residents' use. Residents' private accommodation consists of 63 single bedrooms and four twin bedrooms, all of which are en suite with shower, toilet and wash hand basin. There is a chef employed with a choice of food available at each meal time. Activities are organised on a daily basis and include art, quiz, concerts and bingo. There are two large well furnished garden patio areas which can be accessed independently. Residents' meetings are conducted regularly. Residents are consulted on admission about their individual requirements. There is a comprehensive complaints policy in the centre and staff are trained in all aspects of care of the older adult.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	69
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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 1 December 2022	11:30hrs to 17:30hrs	Mary O'Mahony	Lead

What residents told us and what inspectors observed

According to residents and relatives Amberley Nursing Home was a good place to live where residents were facilitated to avail of spacious, good quality accommodation and maintain their independence. The inspector observed that staff were kind and saw that the rights of residents were respected and promoted. The inspector spoke with ten residents who had recently moved into the centre from another facility and they all agreed that they "felt safe and welcomed" in the centre. One resident spoken with said that staff "couldn't do enough" for them. The inspector also spoke with a number of family members who praised the premises, the management and the staff. Access to the outdoors continued to be encouraged and one family member stated that her father "got great joy" from the extensive, well tended gardens.

This inspection was unannounced. On arrival, the inspector was guided through the infection prevention and control measures necessary on entering the designated centre. Following an opening meeting with the person in charge, the inspector was accompanied on a tour of the premises. The inspector saw that, generally, there was a good level of compliance with infection control guidelines around the centre. Staff were seen to wash their hands frequently, to wear their PPE (personal protective equipment, including masks and gloves) appropriately and to use the hand sanitising gel.

The premises was generally well maintained, warm and comfortable. The entrance into the centre was beautifully landscaped with trimmed beech hedging bordering the drive. There was suitable seating and raised flower beds in the garden patio areas to be enjoyed by residents as they wished. The foyer was bright with an adjoining seating area located in an alcove where residents could sit and use the library or relax with family for a private visit. The centre had 69 residents living there on the day of inspection with two vacant beds. Residents' bedroom accommodation was comprised of 63 single bedrooms and four twin bedrooms all of which had en-suite shower, toilet and wash-hand basin. One communal bathroom was furnished with a hydrotherapy bath, One resident thanked the staff for assisted with their weekly bath and said they felt like "a new person with the bath in the hydrotherapy suite".

Residents meetings were held regularly and it was clear from how the minutes were recorded that the voice of the resident was important to staff. At each meeting a range of issues, such as the virus, food choices, laundry, visits and other matters were discussed with them. In a sample of survey results reviewed the inspector saw that residents' felt their rights were respected in relation to their daily choices and residents and their families had been consulted about relevant issues and upcoming events. Comments such as " the sense and calmness and kindness was amazing" and there was great "compassion and care" shown, were seen in letters of thanks sent by relatives. One person praised the end of life care and was especially thankful for the "bonds" formed with staff and "enough cups of tea to keep them going" at

that time.

Residents were well dressed in keeping with the season and in the afternoon they were seen to enjoy group activities, such as a wonderful concert facilitated by the men's choir and music group from Fermoy who volunteered in the centre weekly. The inspector observed that there was dancing, singing and a sense of fun generated among the staff and residents by the variety of entertainment provided. The inspector saw that a snack trolley was brought around to each person on two occasions throughout the day and these treats and drinks were seen to be welcomed by residents. Choice was supported: a number of residents said they enjoyed reading the daily newspapers, watching their TVs and meeting with family as an alternative while the concert was underway. One resident said he liked "the peace and quiet of the north sitting room".

Meals served at dinner and tea time looked very nice with additional portions being served up where requested. Residents' meeting minutes indicated that residents were very happy with the choices on offer and a number of residents spoke with the inspector about how sociable mealtimes were. They spoke about the "exceptional" food and said they wanted to thank the chef for "the beautiful food". When residents required help from staff with meals they were supported in a discreet and careful way, in the adjoining sitting room set up for this purpose.

The next two sections of the report will present the findings of this inspection in relation to the governance and management arrangements in place, and how these arrangements impact on the quality and safety of the service being delivered.

Capacity and capability

As found on previous inspections the inspector found that the governance and management arrangements required by regulation to ensure that the service provided was well resourced, consistent, effectively monitored and safe for residents, were well defined and clearly set out. The inspector saw that the comprehensive audit and management systems set up in the centre ensured that good quality care was delivered to residents and issues identified were followed up. However, some aspects of infection control and fire safety required review and action as addressed under the relevant regulations in this report.

Amberley Nursing Home, set up in 2005, was operated by Amber Health Care Ltd, the registered provider, which was a company consisting of three directors. At the time of the inspection the overall day to day governance structure was well established. The owner, who was the director representing the provider, attended the centre frequently and liaised with management staff and residents. The person in charge was knowledgeable of residents and the remit of the role. She was supported by a clinical nurse manager, an operations manager, the general manager, administration staff and a team of medical, nursing, healthcare, kitchen,

maintenance and household staff.

The centre had experienced two outbreaks of COVID-19 and had managed to mitigated the risks to residents with comprehensive management of the virus. Additional hand wash sinks were in place to enhance hand hygiene opportunities for staff and visitors. However, these did not all conform to the guidelines for such sinks as addressed under Regulation 27. The inspector reviewed the training matrix which indicated that staff had attended a range of online training and in-house training including, food handling, safeguarding residents, nutrition, medicine management, manual handling and infection control. Staff spoken with were well informed and were found to be aware of key aspects of the training.

The staffing and skill mix on the day of inspection appeared to be appropriate to meet the care needs of residents and staff said that they had undertaken an induction programme. Evidence of this was documented in the sample of staff files reviewed. The recording and investigation of incidents and complaints included the satisfaction of the complainant and identification of any required improvement, where necessary. Residents said they were aware of how to complain and who they would talk with if they had any concerns.

Copies of the appropriate standards and regulations for the sector were available to staff. Maintenance records were in place for the fire safety system and equipment. A sample of records, policies and documentation required under Schedule 2, 3, 4 and 5 of the regulations were generally seen to be securely stored, maintained in good order and easily retrievable for inspection purposes.

Regulation 14: Persons in charge

The person in charge was experienced in management in the centre, she had the required qualifications and was engaged in continuous professional development.

Judgment: Compliant

Regulation 15: Staffing

Staffing levels were adequate to meet the needs of residents.

There was a good skill mix of staff seen to be on duty on the day of inspection.

The duty roster was correctly maintained, in line with the staffing levels outlined by the person in charge.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to appropriate training and there was good supervision in place as evidenced by the induction programme, the daily safety pause, handover reports and minutes of staff meetings.

Judgment: Compliant

Regulation 21: Records

The records required to be available for inspection purposes were available and well maintained.

This included staff files, copies of incidents, medicine errors and complaints.

Judgment: Compliant

Regulation 23: Governance and management

The centre had a comprehensive system of governance and management in place.

There were sufficient resources made available to ensure the effective, consistent and safe delivery of care.

The management structure clearly identified the lines of accountability and responsibility and team members were found to be knowledgeable of the regulations and standards.

The person in charge collected key performance indicators, such as falls, infections and wound care and she also trended accidents and complaints.

A schedule of audits and audit action plans demonstrated an ethos of ongoing improvements in the quality and safety of care.

There was an annual review completed in consultation with residents and this was available to the inspector and to residents.

Judgment: Compliant

Regulation 24: Contract for the provision of services

A number of contracts for recently admitted residents were reviewed.
These were signed and the fees due were clearly set out for residents.
The residents' room numbers were included on the contact.

Judgment: Compliant

Quality and safety

Overall residents in Amberley Nursing Home were found to be supported and encouraged to have a good quality of life which was respectful of their wishes and preferences. There was timely access to healthcare services and appropriate social engagement with respect and kindness demonstrated by staff on the day of inspection. A human rights-based approach to care was seen to be promoted and residents spoken with affirmed that this approach was apparent to them in the way staff communicated and interacted with them. While findings on this inspection demonstrated a commitment to compliance with the regulations inspected, there were some aspects of infection control and fire safety that required action.

The premises was in very good order and was nicely decorated and clean. Signage was suitable and descriptive. There were sufficient communal rooms and areas for private visits available, as described in the introductory section of this report. Bedrooms were spacious and were seen to be furnished with good quality furniture and a number of personal items. The centre provided a variety of communal rooms for residents' use. For example, there was an oratory, a sitting room, a dining room, two bathrooms: one with a hydrotherapy bath, a laundry and a smoking room available. Bathrooms and hallways had been fitted with grabrails to aid independence. The inspector saw that the dementia specific unit was thoughtfully decorated in a manner that enhanced the environment for residents with dementia. Colourful murals were painted on the walls along with other picturesque quotes and scenes.

Residents' records were maintained on a computer based system. The inspector reviewed a sample of five care plans. A range of best evidenced-based clinical assessment tools were used to underpin the care plans, which had been developed to include strategies to support good nutrition, person centred dementia care and a reduction in falls. The health of residents was promoted through ongoing medical review and general continuous assessment of their identified needs.

The inspector observed that residents were provided with a choice of nutritious meals which were varied and nicely served. There was a good social atmosphere in

the dining area at each meal. Residents spoke about the portions as being "very generous" and dinner time and they were seen to have a choice of three different meals at tea time. Home baking was offered after the main course and residents said this was a daily occurrence and something they "really looked forward to".

Fire fighting equipment was serviced. Emergency exits were clearly displayed and free of obstruction. Fire safety systems were checked daily and weekly as required. Fire evacuation drills were carried out and areas for improvement were recorded at each drill. The room set aside for those who smoked was well equipped and an extinguisher had been relocated next to the door of this room since the previous inspection. Findings in relation to fire safety were further outlined under Regulation 28 as some minor adjustments were needed to the evacuation floor plans on display. A live risk register was in place which included assessment of the risks of COVID-19, falls, smoking or choking.

Staff in the centre continued to monitor residents and staff for COVID-19 infection. The contingency plan for the management of an outbreak of COVID-19 was seen to be a comprehensive document. Staff were trained in hand washing procedures and in the principles of infection control. Aspects of infection control requiring action are highlighted under Regulation 27.

Resident were observed to have access to radios, television, telephones and daily newspapers. Further examples of activity provision were described under Regulation 9 in this report. In relation to visits residents had been afforded a choice of nominated visitor who would have daily access to the resident even in the event of an outbreak, once the required precautions were taken. Mass was facilitated monthly in the centre and also by video link to the local church in Fermoy.

In summary, comprehensive and consistent systems had been established to support residents' rights and their safety.

Regulation 13: End of life

Staff were trained in how to support residents at end of life.

Care plans were in place which documented residents' wishes and preferences.

Thank you cards and letters were on file with descriptions of the person centred care that families had experienced from staff.

Judgment: Compliant

Regulation 27: Infection control

The provider generally met the requirements of Regulation 27 infection control and the National Standards for infection prevention and control in community services (2018), however further action was required to be fully compliant.

That is: the hand washing sinks in use did not conform to the requirements of HBN 00-10 which specifies the criteria for such sinks.

In addition, antimicrobial stewardship required development and audit to ensure the judicious use of appropriate antibiotic therapy.

Judgment: Substantially compliant

Regulation 28: Fire precautions

There were some issues related to fire safety which required review and action:

- Fire safety maps on display around the hallways required some amendments to ensure they clearly outlined the direction of the fire evacuation routes and identification of the compartments in use.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Medicines were well managed in the centre:

Residents had access to pharmacy services that also supported staff training and good practice. Medicine reviews and pharmacy audits were seen to have been carried out. Medicine issues, such as the return of unused medicines to pharmacy, had been addressed since the previous inspection.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Care plans were informative and person centred. They contained relevant details and guidelines to direct care.

Members of the multi-disciplinary team, for example the physiotherapist had inputted advice for staff in providing best evidence-based care. Residents had been consulted in the development of their care plans which were found to reflect

residents' social and medical needs.

Judgment: Compliant

Regulation 6: Health care

Health care was well managed:

It was evident from documentation seen that medical staff responded to residents' health care and mental well-being needs.

A physiotherapist came to the centre twice a week and residents said they enjoyed the individual and group exercise sessions he facilitated.

The chiropodist, the hairdresser, the optician and the dentist had been availed of by residents.

The dietitian and the speech and language therapist (SALT) were made available to residents through a nutrition company supplying nutritional supplements, as prescribed by the GP.

Judgment: Compliant

Regulation 8: Protection

The provider had taken all reasonable measures to protect residents from abuse:

Staff were trained in recognising and responding to abuse. Finances were carefully managed according to a sample seen and records were maintained of residents' personal money transactions.

The centre did not act as a pension agent for residents.

Bed rails and other restraints were managed, risk assessed and applied in line with the national policy.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights and wishes were respected according to those spoken with, inspector's observations made and documentation seen on the day of inspection:

Bingo, music sessions, quiz, physiotherapy sessions and tea parties formed part of the interesting and varied activity programmes. Life story information ensured that the activities on offer were also individualised for those with a specific interest. Residents' meetings were held three monthly which provided opportunities for residents to express their opinion on various aspects of care and life in the centre. Residents' survey results and minutes of residents' meetings indicated that residents were kept informed. Residents indicated that the advocacy service was accessible to them. Wardrobes and other personal storage items of furniture were sufficiently spacious and kept tidy by staff and relatives. Residents' clothes were returned clean and pressed from the laundry and they expressed satisfaction with this service.

Staff and residents assured the inspector that choices were respected for example, in relation to visits, meals and access to the outdoors.

There was a suitable hairdressing salon in the centre which residents enjoyed visiting weekly. The inspector saw evidence to indicate that there was good communication with relatives and residents about all aspects of care, which was verbally confirmed by relatives and residents.

Three activity staff members were employed to ensure residents' social and communication needs were met and supported. Residents said they really benefitted from this social interaction and there was a busy, happy 'buzz' around the centre during the 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
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Quality and safety	
Regulation 13: End of life	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	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 Amberley Home and Retirement Cottages OSV-0000189

Inspection ID: MON-0038446

Date of inspection: 01/12/2022

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 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control: When any of the relevant sinks fail, malfunction or damaged, they will be replaced with sinks that are compliant with HBN00-10. Ongoing</p> <p>Developed antimicrobial stewardship audit tool since the inspection. This audit will be done monthly from January 2023. Currently working on person centered MDRO (multidrug-resistant organisms) care plans. To be completed by 30/04/2023</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: The review of the existing fire safety maps is underway to outline the direction of the fire evacuation routes and identification of the compartments in use. To be completed by 31/03/2023</p>	

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 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.	Substantially Compliant	Yellow	30/04/2023
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	31/03/2023