

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:	Amber Health Care Limited
Address of centre:	Acres, Fermoy, Cork
Type of inspection:	Unannounced
Date of inspection:	10 April 2026
Centre ID:	OSV-0000189
Fieldwork ID:	MON-0042987

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:	71
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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
Friday 10 April 2026	08:15hrs to 17:10hrs	Erica Mulvihill	Lead

What residents told us and what inspectors observed

This unannounced inspection took place over one day by an Inspector of social services. Overall, there was a pleasant atmosphere and residents were relaxed and comfortable in their surroundings. The inspector met with many residents during the inspection and spoke with 20 residents in more detail to gain insights into their experience of living in the centre. Residents gave positive feedback about the centre and were complimentary about the care provided and the kindness of staff. In conversation with residents, they said the staff were very approachable and helpful with one resident stating "we are very lucky to have great care by staff who know us well". It was apparent that they knew the person in charge and managers in the centre, and in general, sociable interactions were observed throughout the day. Residents who were unable to speak with the inspectors were observed to be content and comfortable in their surroundings.

On arrival, the inspector met with the reception staff and clinical nurse manager (CNM) of the centre. Following this, the CNM and the inspector walked through the centre and spent time talking to residents and staff, observing the care environment. Staff were observed to be respectful and knocked before entering resident bedrooms and were seen to attend to residents in a timely manner. After the walk through, the inspector met with the person in charge and had a short introductory meeting.

Amberley Home and Retirement Cottages provides long term care for both female and male residents with a range of dependencies and requirements. The centre is situated on the outskirts of Fermoy Town in County Cork and is registered to provide care to 71 residents. On the day of the inspection, there were 71 residents living in the centre.

The main entrance was a large bright atrium which hosted the reception desk and staff office which was directly outside the main dining room of the centre. Corridors branched off this area to the bedroom and other communal spaces in three directions. This area was a central hub where the inspector saw visitors, residents and staff meeting and chatting throughout the day. The centre was clean and tidy and walls were decorated with various paintings set under ambient lighting to create a warm homely atmosphere.

In the main dining room, residents were observed in the morning, coming at a time of their choosing, to have their breakfast whilst others preferred to receive their breakfast meal in their rooms. During the morning, residents were observed taking part in a daily exercise class led by a vibrant activities staff member. In the afternoon, the residents were treated to an afternoon tea where they were seen to be chatting, singing and enjoying the lovely treats offered to them by the staff who were in attendance. The corridors were adorned in photographs of recent residents' birthday parties and the recent "Rose of Amberley" event which was a recent

highlight for the residents. They got "all dressed up in their finest", according to one resident, the ladies wearing sashes referencing their home towns. Residents, visitors and staff stated how much they enjoyed the event, with one visitor stating, "they just think of everything to keep our relatives happy, well and content".

The centre had a number of resident communal spaces which were nicely decorated and were laid out in line with residents needs. Resident bedrooms were clean and tidy and some residents had personalised their rooms with pictures and items of personal significance to create a more homely feel. Call bells were available in all bedrooms and the inspector observed that these were responded to in a timely manner throughout the day.

The inspector spent time observing the dining experience for residents. The majority of residents chose to have their lunch time meal in the two dining rooms in the centre, those requiring assistance were discreetly and respectfully assisted by staff. Refreshments were offered throughout the day and overall, mealtimes were observed to be a sociable occasion where residents were observed chatting to their peers and staff interacted with them with respect and kindness.

Visitors were seen freely accessing the centre throughout the day and knew the staff and management of the centre well. Some were seen taking their relatives out for a social outing and some to appointments. There was a door lock on the centre, but residents who were safe to come and go from the centre were observed using their own fob key to enter or leave.

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

Capacity and capability

Overall, the inspector found that this was a well managed centre where residents were supported to have a good quality of life. This was an unannounced inspection to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, as amended. The inspector was also following up on findings of the previous inspection in July 2025.

Amber Health Care Limited is the registered provider of the centre and is registered to accommodate 71 residents. There was a clearly defined governance structure and the registered provider representative and the owner, who was a director had daily input into the centre and supported the management team. The person in charge was supported by a general manager, administration team, two clinical nurse

managers and a team of nurses, health care assistants, household, catering, activity and maintenance staff.

The inspector found that there were sufficient resources in place to ensure the effective delivery of care in accordance with the statement of purpose. From a review of the rosters, and from speaking with residents, staff and management, the inspector found there was an appropriate number and skill mix of staff available to meet the assessed needs of the 71 residents living in the centre. The provider ensured that staff were provided with training appropriate to their role.

Staff members, who spoke to the inspector, were knowledgeable regarding their roles and responsibilities and residents individual preferences and assessed needs. Notwithstanding this, supervision of staff required action in relation to ensuring residents were appropriately supervised and will be actioned under Regulation 23: Governance and Management.

The inspector reviewed a sample of staff files and saw that whilst they had the necessary information, one staff member had commenced their role, preceding garda vetting clearance being received by the centre. This is actioned under Regulation 21: Records.

The provider had management systems in place to monitor, evaluate and improve the quality and safety of the service provided to residents. Key clinical risks to residents were monitored and there was a schedule of audits in place that included falls prevention management, wound care management, nutrition and hydration and medication management. From a review of a sample of audits, it was evident that overall, good compliance levels were reflective of the findings of the inspection.

The management team met on a regular basis to review and discuss key areas of the service and initiated quality improvement plans for the service. Records of these meetings were well maintained.

There was effective communication systems in place between staff and management in the centre. A daily mid day meeting took place which gave staff the opportunity to raise any concerns about the quality and safety of the care provided to residents. There were a number of meeting forums in the centre; staff meetings were held as a group and also with individual disciplines to ensure up to date information was communicated.

There was a policy and procedure in place regarding the management of complaints. A review of the complaints log in the centre found that complaints were recorded, investigated and managed in line with regulatory requirements.

Regulation 15: Staffing

The number and skill mix of staff was appropriate to meet the assessed needs of the 71 residents living in the centre, on the day of the inspection. There was a minimum of two registered nurses working in the centre at all times.

Judgment: Compliant

Regulation 16: Training and staff development

The training matrix for the centre was up to date and reflected training for all staff in the centre which was up to date. Refresher training dates were arranged for those who required updating in the coming months. Staff were knowledgeable of their roles and responsibilities.

Judgment: Compliant

Regulation 21: Records

From a sample of four staff files reviewed, the inspector found that while all files had evidence of a vetting disclosure, in accordance with the National Vetting Bureau (Children and Vulnerable persons) Act 2012, dates on vetting disclosures for one staff member were after commencement of employment, which is not in line with good recruitment practices.

Judgment: Substantially compliant

Regulation 22: Insurance

All required insurance documentation was available to the inspector for review. The provider had ensured that a contract of insurance against injury to residents was in place.

Judgment: Compliant

Regulation 23: Governance and management

Management systems required action to ensure that the service provided is safe and effectively monitored as evidenced by:

- There was a lack of supervision for one resident who had high dependency needs in a high support chair and was unable to alert staff if they required assistance in a sitting room without appropriate social engagement.
- the inspector observed there was a lack of fire stopping around the centre particularly in areas where cameras had been installed in the centre. Actioned under Regulation 28: Fire precautions.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

All notifications requiring to be submitted to the Office of the Chief Inspector were submitted within the required time frames.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had an accessible and effective procedure for dealing with complaints, which included a review process. The required timelines for the investigation into, and review of complaints was specified in the procedure. The procedure was displayed in the reception area of the centre for review. A record of complaints was maintained in the centre in line with the requirements of the regulation.

Judgment: Compliant

Quality and safety

The inspector found that the residents accommodated in the centre experienced a good quality of life, and that their health and social care needs were being met by the registered provider.

There were arrangements in place to assess residents' health and social care needs upon their admission to the centre, using validated assessment tools. These were used to inform the development of comprehensive care plans, which were reviewed every four months or more frequently if required. The inspector reviewed a sample of these care plans and found that they were person-centred and reflected the care needs of the residents.

Residents had timely access to a general practitioner (GP) of their choice. Residents identified as requiring additional health and social care professional expertise were referred to these service as required.

Residents who experienced responsive behaviours (how residents living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) received care and support in line with their individual needs. Training was up to date for all staff in responsive behaviours and staff were knowledgeable in relation to their roles and responsibilities.

The usage of restrictive practices in the centre were adequately monitored with evidence of review and changes as per resident requirements and permissions, in line with local and national policy.

There was a robust activity schedule in place, which ensured that residents were provided with opportunities for social engagement and to participate in activities that were aligned to their capacity and capabilities. The centre had dedicated activity staff allocated to the provision of social engagement, who ensured that residents could participate in group sessions as well as one to one activities, in line with their needs and preferences. On the day of the inspection, many residents were observed taking part in exercise sessions, music therapy and afternoon tea and were supported and encouraged to take part.

The inspector observed mealtimes and residents received choice in relation to their meals and were happy with the list of choices available to them. Malnutrition assessment scores (MUST) were recorded on all residents and any resident who was identified as losing weight was monitored closely and referred to a dietitian as required with evidence of follow up and review on care plans reviewed.

The provider maintained records of daily, weekly and monthly checks in relation to aspects of fire safety, including means of escape and tests of the fire alarm system. Residents personal emergency evacuation plans(PEEPS) identified the different evacuation methods applicable to individual residents for day and night evacuations. Evacuation drills took place on a regular basis throughout the centre. Records of these were comprehensive and highlighted any areas of improvement that were identified. On the day of the inspection, areas of fire stopping works were observed and required action. This is actioned under Regulation 28: Fire precautions.

Regulation 17: Premises

The registered provider ensured that the premises of the designated centre were appropriate to the number and needs of the residents. The premises was clean, well maintained and well laid out to support residents needs. The gardens were also well maintained by the maintenance team in the centre so residents could freely access the outside spaces.

Judgment: Compliant

Regulation 18: Food and nutrition

The inspector saw that residents were offered a choice of courses for the lunch time meal and many residents were complimentary regarding the quality and variety of food provided. Residents who required assistance received it, in an unhurried and respectful manner. It was evident that residents who required review by a dietitian or a speech and language therapist, were referred and assessed, in a timely manner. The inspectors saw that drinks and snacks were provided to residents regularly.

Judgment: Compliant

Regulation 26: Risk management

The risk management policy for the centre was reviewed. The provider has assured that assessment and identification of risks throughout the centre have been identified and control measures were in place.

Judgment: Compliant

Regulation 28: Fire precautions

Some action was required to ensure adequate precautions against, and to protect residents from the risk of fire, for example:

- some areas of fire stopping required action in areas of the centre, around CCTV camera installation sites and in other areas in the centre to ensure adequate containment in relation to fire prevention and safety.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Resident care documentation was maintained on an electronic system. Residents care plans were developed following assessment of need, using validated assessment tools and were very person centred. Care plans were seen to be

completed in conjunction with residents and their families. Staff had knowledge individual needs and preferences and all information was up to date to inform and direct care for staff.

Judgment: Compliant

Regulation 6: Health care

Residents had very good access to medical assessment and review by their General Practitioner (GP). A range of allied health professionals were also available to residents such as a physiotherapist who attended the centre for two full days per week, dietitian, speech and language therapy, chiropody, tissue viability nursing and palliative care. These services were all available based on referral and evidence of these referrals was available on the day of the inspection.

Records reviewed showed that residents had access to a high standard of evidence based nursing care in accordance with professional guidance. Wound care assessments and reviews were carried out to ensure up to date information was available to direct care for staff.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Where restrictive practice measures were in place, such as the usage of bedrails, the inspector found that residents were assessed appropriately and it was used in line with national policy. There was evidence of appropriate low low beds and crash mats as alternatives to restraint.

On review of the resident files, there was evidence of discussion with residents and consistent monitoring and review of these restraint practices. Staff were up to date with training in responsive behaviours.

The inspector observed staff providing person centred care and support to residents who experienced responsive behaviours(how residents living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

Judgment: Compliant

Regulation 9: Residents' rights

Meaningful activities were available to residents in the centre. Residents' meeting minutes were reviewed and any concerns identified were actioned and updates given to residents regarding same. Residents were supported to maintain their links to family, friends and the community. The activity staff ensured the residents had events planned such as tea parties, birthday parties and the recent "Rose of Amberley" competition which all residents enjoyed and represented their home places with sashes made for the residents. Independent advocacy arrangements were available also at the centre for those who required it.

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	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Amberley Home and Retirement Cottages OSV-0000189

Inspection ID: MON-0042987

Date of inspection: 10/04/2026

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 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: We will ensure that the Garda vetting process for all new employees is completed prior to their commencement of employment.]	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Designated staff members will monitor the sitting room, making sure they report at their scheduled times to deliver the essential supervision for the residents. Nurse managers will also persist in offering supervision and guidance to the staff The small openings identified near the CCTV camera installation sites have already been sealed. Maintenance team will persist in monitoring these locations and will adhere to fire prevention and safety regulations.]	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions:	

The small openings identified near the CCTV camera installation sites have already been sealed. Maintenance team will persist in monitoring these locations and will adhere to fire prevention and safety regulations.

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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 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	13/04/2026
Regulation 23(1)(d)	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	10/04/2026
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	13/04/2026