



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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:	02 July 2025
Centre ID:	OSV-0000189
Fieldwork ID:	MON-0042990

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
Wednesday 2 July 2025	10:00hrs to 18:45hrs	Una Fitzgerald	Lead
Wednesday 2 July 2025	10:00hrs to 18:45hrs	Erica Mulvihill	Support

What residents told us and what inspectors observed

The inspectors found that residents had a good quality of life and were supported by staff to remain independent. Residents expressed satisfaction with the services. In conversation with residents, inspectors were told "you won't find fault here" and "could not ask for better". Residents expressed high levels of satisfaction with the time it took to have their call bells answered, and the quality of the food. From observations made by the inspectors, it was evident that there was an ethos of respect for residents promoted in the centre, and person-centred care approaches were observed throughout the day. Based on the observations of the inspectors, and from speaking with residents, it was clear that the staff providing direct care were committed to providing person-centred care to residents. Residents voiced dissatisfaction with two aspects of the service with respect to the frequency of resident meetings, and with the systems in place to monitor residents who displayed responsive behaviours, and the impact this had on the lived experience of daily life within the centre.

Following an introductory meeting, the inspectors walked through the centre and spent time talking to residents and staff, and observing the care environment. There was a calm, friendly, and relaxed atmosphere in the centre throughout the inspection. During the morning, staff were observed to respond to residents requests for assistance promptly. Staff paced their work so that they had time to engage socially with residents, when providing care. The inspectors observed that residents were well-dressed, and residents confirmed that staff assisted them in a kind and patient way.

The main entrance foyer area was a large open space that was flooded with natural light. This area was a hub of activity throughout the day. This area had a reception desk. Inspectors observed multiple occasions where the residents utilised this staffed desk to voice queries and have a chat with staff in the vicinity. Inspectors observed that staff greeted residents by name as they passed, which added to the friendly, relaxed atmosphere. In the main dining room there was a cornered off area that is kept decorated to reflect the time of year. For example, pictures evidenced the decorations in place for Christmas 2024. On the day of the inspection, the area was decorated with a backdrop of summer and sunshine.

Overall, the building was found to be clean. Cleaning staff were knowledgeable on the cleaning system in place and were observed to adhere to the policy. Residents told the inspectors that they were happy with their bedrooms. Rooms were personalised with photographs and mementos, which provided glimpses into residents' lives and family connections. The main communal sitting rooms and dining rooms were occupied by residents throughout the day. Residents mobilised independently and unrestricted around the centre. Throughout the day of inspection, residents were observed spending time outside walking the perimeter of the premises. Footpaths and walkways were clear of any obstruction and the gardens were maintained to a high standard. On-going maintenance of the premises

was in place. Multiple residents had their own security fob to the centre and so did not require assistance to enter or leave the premises.

The inspectors spent time observing the dining experience. Residents were provided with assistance at mealtimes and were not rushed. Residents expressed a high level of satisfaction with regard to the quality and quantity of food they received. Staff were available to provide discreet assistance and support to residents. Staff were observed actively encouraging residents to finish their meals, to ensure they had taken adequate nutrition. Staff engagements were patient and kind.

For the most part, residents' feedback was that they felt safe in the centre. However, a number of residents described the impact and challenge of living with other residents who had complex care needs. Residents described the impact they felt when other residents mistakenly entered their room and how they felt that the visit was an intrusion on their privacy. Residents believed improved support and supervision of residents with complex care needs was required.

Residents who were unable to speak with the inspectors were observed to be content and comfortable in their surroundings. While walking along the corridor, the inspectors observed that a high number of residents did not have access to their call bells. The inspectors were informed that multiple residents did not have capacity to utilise the call bell. This risk was known to the care staff spoken with who told the inspectors that additional monitoring and frequent checks were in place for these residents.

The social activities calendar in the centre was important to the residents. The feedback from residents regarding activities held in the centre was positive. When asked about how they spent their day, one resident responded that "there is always something going on here". Residents described the variety of activities they could choose to attend. These included bingo, exercise sessions and a recent introduction of virtual reality (VR) headsets which enabled them to virtually see pictures and videos from their own hometowns. There was a member of staff appointed to activities seven days a week. Individual activities were in place for residents who did not wish to attend the group sessions.

Residents' personal clothing was laundered on-site. Residents expressed their satisfaction with the service provided, and described how staff took care with their personal clothing and returned it promptly to their bedroom.

Visitors were observed coming and going throughout the day.

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

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 inspectors found that the provider was delivering appropriate direct care to residents. Notwithstanding this positive finding, the inspectors found that the management and oversight of resident who displayed responsive behaviours and the impact this was having on other resident daily lived experience 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. Amberley Health Care Limited is the registered provider of the centre. On the day of inspection, there were 71 residents living in the centre. There were sufficient numbers of suitably qualified nursing, healthcare and household staff available to support residents' assessed needs. Within the centre, the person in charge was supported by a general manager, administration team, 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 inspectors 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. Volunteers working in the centre had the required documentation in place.

Records reviewed 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. Each staff member completed an induction process on commencement of working in the centre and were supported by the allocation of working alongside an existing member of staff.

The management team held weekly management meetings, where agenda items included areas of direct care delivery. However, the inspectors found that the oversight and management of incidents such as falls and incidents of responsive behaviours was inadequate and did not meet with the requirements of the regulations. This is discussed further under Regulation 23: Governance and Management.

The person in charge held responsibility for the review and management of complaints. At the time of inspection all logged complaints had been resolved and closed. Residents had expressed that they had concerns on how residents with

responsive behaviour were entering their private bedrooms unsupervised. The inspectors found that this expression of dissatisfaction was not recognised by the management as a complaint or recognised as an incident and so was not logged or managed in line with the centres policy.

The registered provider had written policies and procedures available to guide care provision, as required under Schedule 5 of the regulations. There was a contract of insurance in place against injury to residents.

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

Regulation 14: Persons in charge

The person in charge was a registered nurse with the required experience in nursing management and in the care of older persons. They were suitably qualified for the role and worked full-time in the centre. The person in charge had a strong presence in the centre and was known to all residents spoken with.

Judgment: Compliant

Regulation 15: Staffing

There was sufficient staff on duty with appropriate skill mix to meet the needs of the current residents, taking into account the size and layout of the designated centre. A review of the staffing rosters found that there were adequate numbers of suitably qualified staff available to support residents' assessed needs.

Judgment: Compliant

Regulation 16: Training and staff development

The provider was committed to providing ongoing training to staff. On the day of inspection, staff were appropriately trained. Staff responses to questions asked were detailed and displayed a good level of knowledge.

Judgment: Compliant

Regulation 22: Insurance

The provider had ensured that a contract of insurance against injury to residents was in place.

Judgment: Compliant

Regulation 23: Governance and management

The management systems in place to ensure that the service was safe and effectively monitored was not fully effective. This is evidenced by;

- Poor oversight of the management of adverse incidents. There was a high number of resident falls reported in the centre. While incident forms were completed and closed, there was no review or analyses of the possible and actual factors contributing to the falls. This meant that learning was not identified and there were no improvement quality recommendations identified.
- Poor oversight and supervision of residents with complex supervision needs, impacting on the lives of other residents.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

A review of the contract for care found that the terms relating to the bedroom to be provided to the resident and the number of occupants of the bedroom was clearly stated.

Judgment: Compliant

Regulation 30: Volunteers

Volunteers working in the centre had a valid vetting disclosure in place. In addition, their roles and responsibilities were set out in writing.

Judgment: 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

The registered provider had not ensured that all complaints were documented and managed in line with the requirements of the regulations. For example, the provider had failed to recognise that the dissatisfaction with the supervisions arrangements in place for residents with complex care needs was a voice of dissatisfaction and required management through the complaints process.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

The policies required by Schedule 5 of the regulations were in place and updated in line with regulatory requirements.

Judgment: Compliant

Quality and safety

The inspectors found that the interactions between residents and staff was kind and respectful throughout the inspection. Residents expressed satisfaction with the direct care received. However, this inspection found that residents' rights were not fully upheld. Resident informed inspectors that meetings were not held at suitable intervals to enable them to be adequately consulted about and participate in the organisation of the centre, as is required by Regulation 9: Residents' rights.

A sample of residents' files were reviewed by the inspectors. Residents' care plans and daily nursing notes were recorded through an electronic record system. The inspectors found evidence that residents' care plans were developed within 48 hours following admission to the centre to guide the care to be provided to residents.

Residents were reviewed by a medical practitioner, as required or requested. Referral systems were in place to ensure residents had timely access to health and social care professionals for additional professional expertise. There was evidence that recommendations made by professionals had been implemented to ensure best outcome for residents.

The inspectors reviewed the care of residents who were being actively treated for a wound. The care of these residents was observed to be delivered to a high standard of evidence based nursing.

Residents had access to advocacy services and information regarding their rights. The inspectors spoke with multiple visitors who confirmed that there were no restrictions in place with visiting their loved ones. Activities were observed to be plentiful and residents were seen to come and go to the sessions they wished to attend. Morning exercises classes with the in-house physiotherapist and activities staff were well attended on the day of the inspection. Residents were seen to be enjoying the interactions with their peers and the staff in attendance.

Residents' bedrooms were clean and tidy and nicely decorated with personalised items on display. Plentiful storage for possessions was observed. In-house laundry services are available and a good system of managing personal laundry was in place. Residents spoken with stated they were happy with the service provided.

Mealtimes appeared to be an enjoyable experience for residents with good choice of both dinner and breakfast options available during the inspection. Social peer to peer interactions were observed, with one resident stating 'we have great fun with friends at this table and the food is very good'. Assistance was available for residents who required it and staff were seen to be patient, calm and assisted residents in a respectful unhurried manner. Trolleys with snacks and drinks were observed throughout the day to ensure residents were well hydrated.

Information for residents was evident on the day of inspection. Each resident was given a residents' guide which outlined services within the centre, advocacy arrangements, activities and the complaints procedure on admission to the centre. Internet services were available to residents. One resident was observed using their laptop on the day of inspection. Multiple residents had tablet devices in their rooms. Another resident had family abroad and used the tablet to video call their family which they enjoyed. Notice boards were evident throughout the centre with resident information displayed daily.

Residents who required temporary discharge to an acute facility were transferred with all relevant documentation required by the receiving centre. The temporary absence register in the centre was well-maintained.

Staff knowledge of safeguarding procedures was evident on the day of inspection. Staff spoken with had knowledge of what constituted abuse and how to report a concern. A sample of files were reviewed which showed that Garda Vetting was in place prior to a staff member commencing working in the centre.

Multiple residents told inspectors that they felt the frequency of resident meetings

was not adequate. Residents told inspectors that they wished to meet with management and have more frequent opportunity to put agenda items up for discussion. At the time of inspection, meetings were being held every three months.

A review of fire precautions found that arrangements were in place for the testing and maintenance of the fire alarm system, emergency lighting and fire-fighting equipment. A summary of residents' Personal Emergency Evacuation Plans (PEEP) were in place for staff to access in a timely manner in the event of a fire emergency. Annual fire training had taken place. Staff spoken with were clear on what action to take in the event of the fire alarm being activated. However, the inspectors found that multiple fire doors when closed had significant gaps which meant that there was a risk that in the event of a fire, smoke would not be contained and this was a risk to containment of fire and smoke in the event of a fire emergency.

Regulation 11: Visits

The inspectors observed visiting being facilitated in the centre. Residents who spoke with the inspectors confirmed that they were visited by their families and friends.

Judgment: Compliant

Regulation 12: Personal possessions

Residents had access to appropriate space and facilities within their bedrooms and were able to access and maintain control over their clothing and personal possessions. Resident's personal clothing was laundered in the centre's laundry and arrangements were in place to ensure their clothing was returned to them following the laundering process.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents had access to adequate quantities of food and drink, including a safe supply of drinking water. A varied menu was available daily providing a range of choices to all residents including those on a modified diet. Residents were monitored for weight loss. There were sufficient numbers of staff to assist residents at mealtimes.

Judgment: Compliant
Regulation 20: Information for residents
The inspectors found that information on the complaints procedure and advocacy services were on display. Residents spoken with said that they knew how to make a complaint should they wish to do so and they knew how and when they could avail of services such as the hairdresser, chiropodist.
Judgment: Compliant
Regulation 25: Temporary absence or discharge of residents
Transfer letters to and from the centre were observed on review of residents care documentation. The documents reviewed ensured that the most relevant information was provided in accordance with the residents' current care needs.
Judgment: Compliant
Regulation 28: Fire precautions
Fire safety management systems were not fully effective to comply with the requirements of the regulations. A number of fire doors when closed had significant gaps. This had the potential to impact on the containment of smoke and fire in the event of a fire emergency.
Judgment: Substantially compliant
Regulation 5: Individual assessment and care plan
Residents' care plans were developed following assessment of need using validated assessment tools. Care plans were observed to be person-centred, and updated at regular intervals. A review of a new resident's records showed that a care plan had been developed within 48hrs of admission.
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 GP's 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 and tissue viability nurse specialist. Access to the national screening programme was facilitated for residents to attend.

Judgment: Compliant

Regulation 8: Protection

The registered provider had taken all reasonable measures to protect residents from abuse. There was an up-to-date safeguarding policy and procedure in place which was known to staff. Staff demonstrated awareness in relation to how to keep residents safe, and could clearly describe the reporting mechanisms, should a potential safeguarding concern arise.

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

Judgment: Compliant

Regulation 9: Residents' rights

Records reviewed showed residents meetings were held every four months. However, multiple residents stated they would like more frequent resident meetings with the management team to allow them have their opinions and concerns listened to.

Judgment: Substantially 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 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Amberley Home and Retirement Cottages OSV-0000189

Inspection ID: MON-0042990

Date of inspection: 02/07/2025

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
Outline how you are going to come into compliance with Regulation 23: Governance and management: The monthly falls audit began on 30/07/2025. Furthermore, falls analysis will persist during the quarterly clinical governance and health and safety meetings. Reports on falls analysis will be included in the annual report. From 03/07/2025, Rooms of specific residents currently requiring enhanced supervision have been rearranged to assist staff in the monitoring process. Provision has also been made to provide extra enhanced supervision hours should any resident be identified at risk of entering the room of other residents uninvited.	
Regulation 34: Complaints procedure	Substantially Compliant
Outline how you are going to come into compliance with Regulation 34: Complaints procedure: Starting from 03/07/2025, incidents whereby residents express their dissatisfaction of other residents entering their room uninvited will be treated as a complaint and proceed per the complaint procedure of the home	
Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions: Work initiated to fill the gaps found in certain fire doors. This task is scheduled for completion by 30/09/2025.	
Regulation 9: Residents' rights	Substantially Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights: Starting from 03/07/2025, resident council meetings are held on a monthly basis. Since the inspection, two meetings have already taken place. Minutes for all meetings are documented accordingly.	

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(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	03/07/2025
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	30/09/2025
Regulation 34(7)(b)	The registered provider shall ensure that all staff are aware of the designated centre's complaints procedures, including how to identify a complaint.	Substantially Compliant	Yellow	03/07/2025
Regulation 9(3)(d)	A registered provider shall, in so far as is	Substantially Compliant	Yellow	03/07/2025

	reasonably practical, ensure that a resident may be consulted about and participate in the organisation of the designated centre concerned.			
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