



**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:	Announced
Date of inspection:	14 August 2024
Centre ID:	OSV-0000189
Fieldwork ID:	MON-0044281

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

To prepare for this inspection the inspector or 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 14 August 2024	10:00hrs to 17:45hrs	Mary O'Mahony	Lead
Thursday 15 August 2024	10:00hrs to 16:00hrs	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 modern, but homely, accommodation. This inspection was announced and was carried out over two days. On arrival at the centre the inspector observed that a number of residents were having breakfast in the dining room. A staff member was present, supporting those who required assistance. Other residents were relaxing in their bedrooms, in one of the two sitting rooms, reading, watching TV and preparing for the day ahead. The inspector found that staff were thoughtful of residents' needs, and saw that the rights, and dignity of residents, were respected, throughout the days of inspection. In addition, the reception area was decorated with posters of upcoming activities, information for residents, photographs of recent events, staff member of the month poster, signage for rooms, "thank you" cards and the menu for the day. This meant that there was an immediate impression that residents' rights were promoted, and that a person-centred ethos was actively encouraged.

The inspector spoke with all residents, and with ten residents in more detail, to ask them about their experience of living in the centre. They confirmed the above observations and were complimentary of all aspects of the centre. Six family members who were visiting, spoke with the inspector and praised the care. They told the inspector that they felt their relative was "safe and well looked after", whenever they left the centre following their visits. One relative said "I cannot recommend Amberley highly enough". The inspector reviewed 20 Health Information and Quality Authority (HIQA) questionnaires, which were sent out to the centre prior to the inspection. They contained lovely testimonials from residents, some of which they had hand-written. One person wrote that they hoped "the centre carries on for years to come, and be the source of comfort for many older people in their later years". They went on to say staff were "excellent and caring" and that they "treat their residents so loyally, and with great respect". Another resident declared that they were "extremely fond of the nurses and carers".

Amberley Nursing Home is located in a scenic, rural setting near Fermoy, where residents enjoy lovely views of the beautifully maintained grounds. On arrival, the inspector attended an introductory meeting, with the person in charge. Following this, the inspector was accompanied on a walk around the premises. Seventy one residents were living in Amberley nursing home on the day of inspection. The person in charge told the inspector that where possible, new residents would visit the centre in advance of admission. The aim of this visit was to assist them in getting to know the staff and see their new accommodation. On the walkabout the inspector observed residents walking independently, or being accompanied to and from their bedrooms, and the various communal rooms. Residents and staff were seen to converse and interact happily with a sense of wellbeing and fun created throughout the two days. The centre was seen to be homely and nicely decorated. The bedroom accommodation consisted of 63 single bedrooms and four twin rooms. All the bedrooms had en suite toilet, shower and wash hand basins, with some shared

communal showers and toilets also. Bedrooms were seen to be decorated with personal items from residents' homes, such as, pictures, personal quilts, books and small items of furniture. Residents said they were content with their rooms and said they had adequate privacy. Staff were seen to knock on bedroom doors before entry demonstrating respect for each resident's personal space.

Residents were facilitated to communicate freely and were seen to access their mobile phones, computers and laptops with ease. TV, radio and daily newspapers were available in bedrooms, and communal spaces, including the library. Residents meetings were held at intervals and the minutes of these were reviewed. The inspector saw that at each meeting a range of issues, such as food choices, events, advocacy, visits and staffing were discussed. Residents confirmed attendance at the meetings and they also said that staff and visitors provided welcome community, news. In the sample of survey results and questionnaires reviewed the inspector saw that residents' felt their rights were respected, in relation to their daily choices and that they had been consulted about relevant issues. Comments such as "it is well run, very clean and homely" and " I am very content here", were expressed by residents to the inspector.

The inspector observed that there was a very good activities programme in place and residents spoken with, were aware of the day's programme. There was a staff member allocated to the role of activity coordinator, over the seven days. They were very enthusiastic about their responsibilities and they demonstrated that they knew residents' personal preferences very well. On the day of inspection, residents were seen to be well dressed in their choice of clothes and they were wearing their hearing aids and glasses, ensuring that communication was optimised for them. The inspector observed the group enjoying activities, such as chair based exercises, one-to-one interaction and music from an external group. In addition, the musical group encouraged a great sing-along, and residents and staff were seen dancing together, ensuring some valuable, and enjoyable exercise, for residents. On the second day of inspection residents attended bingo and others attended mass in the afternoon. A snack trolley was brought around to each person on two occasions each day. Residents said that there was also a selection of drinks and food available in the late evening, before bedtime. Choice was supported in relation to participation in group activities: a number of residents said they enjoyed reading the daily newspapers, going outside, or meeting with family members, as an alternative. A weekly physiotherapy session was facilitated by the external physiotherapist, who was involved in the post admission assessment, personal sessions and manual handling approaches, for each resident. Residents spoke enthusiastically about the book club, which was held every Thursday. The group were currently reading "Nora Webster" a Colm Toibin book, so they were au fait with recent publications, and well known writers. Further descriptions of the social life of residents was described under regulation 9: Residents rights, in the quality and safety dimension of this report.

The bright, dining room had sufficient space for all residents who wished to dine in the communal setting. Tables were set up with condiments, ketchup and fresh flowers, on each table. Meals served at dinner and tea time looked very appetising, with additional portions being served. A number of residents spoke with the inspector about how sociable mealtimes were. They spoke about the "tasty, varied"

food and they praised the chef and the kitchen staff. One resident stated that "they couldn't do enough for you".

The next two sections of the report detail the findings in relation to the capacity and capability of the centre and describes how these arrangements support the quality and safety of the service provided to the residents. The levels of compliance are detailed under the relevant regulations.

Capacity and capability

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. A number of areas of good practice were observed: the inspector found that there were comprehensive audit and management systems set up in the centre ensuring that good quality care was delivered to residents.

At the time of the inspection the overall day to day governance structure was well established in Amberley Nursing Home. The home was set up in 2005, and was operated by Amber Health Care Ltd, the registered provider, a company consisting of three directors. One director representing the provider, attended the centre frequently and liaised with management, staff and residents. Representatives of the senior management team, attended the feedback meeting at the end of the second day of inspection. There were plans in place for a possible extension to the centre and this was discussed during the aforementioned meeting. The care team in the centre was comprised of the person in charge, clinical nurse managers (CNMs), senior nurses, a team of nurses and health-care staff, as well as activity, administrative, catering, household and maintenance staff.

The information for the annual review of the quality and safety of care for 2023, had been collated. Complaints management and key performance indicators (KPIs, such as falls, restraint and weights) were reviewed and discussed at staff and management meetings. The audit schedule was set out at the beginning of the year. Where action was required for improvement, an action plan was put in place. The registered provider had the required written policies and procedures in place to guide care provision.

The service was well resourced. The training matrix indicated that staff received training appropriate to their roles. External trainers were employed, to deliver manual handling training, responsive behaviours and fire training. Staff handover meetings, and staff and management meetings, ensured that information on residents' needs was communicated effectively. Information seen in the daily communication sheets and in care plans, provided evidence that relevant information was discussed and documented. Copies of the appropriate standards and regulations were accessible to staff.

Incidents and accidents were recorded, and were notified to the Chief Inspector, as required. Complaints were well managed and documented. A new complaints policy had been developed, in line with the recently amended regulations.

The inspector found that records required by Schedule 2, 3 and 4 of the regulations, were available for review. A sample of staff personnel files seen, were maintained in line with the requirements of the regulations. Vetting disclosures, in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 and 2016, were in place for all staff, prior to commencement of employment. The centre did not act as a pension agent for any resident.

Regulation 16: Training and staff development

The required training and supervision was provided:

The inspector was assured that the registered provider had appropriate staff supervision arrangements in place, to ensure that care delivery was appropriately monitored and delivered.

Mandatory training was up to date for all staff and there was ongoing audit of training requirements. Other appropriate training was provided in end of life care, modified diets, care planning, manual handling and infection control procedures.

There were satisfactory arrangements in place, for the ongoing supervision of staff, through daily management availability and through probationary, induction and performance review processes.

Judgment: Compliant

Regulation 21: Records

The records required to be maintained in each centre under Schedule 2, 3 and 4 of the regulations were available to the inspector and they were securely stored.

Staff files were well maintained and contained the regulatory documents.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had a defined governance and management structure in place, with clear lines of authority and accountability established.

Monitoring and oversight systems had been developed to ensure the service provided was safe, appropriate, consistent and effectively monitored. Where issues requiring improvement were identified, a plan was in place to address the issues, and learning was disseminated among the staff.

Quality improvement plans, provided evidence that there was an ongoing commitment to enhance the quality and safety of the service provided to residents.

Judgment: Compliant

Regulation 34: Complaints procedure

There was an effective complaints procedure in place which met the requirements of the amended regulations.

A review of a sample of complaints records found that residents' complaints and concerns were managed and responded to in a timely manner.

The person in charge was the named complaints officer.

A review officer was also identified as well as details for the ombudsman, if required.

Judgment: Compliant

Quality and safety

Overall, residents in Amberley Nursing home were found to be supported to have a good quality of life, which was respectful of their wishes and choices. There was timely access to healthcare services and appropriate social involvement, with respect, and kindness, demonstrated by staff, on the days of inspection. A human rights-based approach to care was seen to be promoted, and residents spoken with said that they felt that they were known to staff, who understood their backgrounds and interests. The person in charge confirmed that all staff undertook training in applying a human rights-based approach to care. Findings on this inspection, demonstrated good compliance with the regulations inspected.

The inspector was assured that residents' health-care needs were met to a high standard. There was weekly access to the general practitioners (GPs), who were described as attentive to residents' medical, and psychological needs. Systems were

in place to enable ready access to specialist services, as described under regulation 6: Healthcare. Residents' care plans provided evidence that a comprehensive assessment was carried out for each resident, prior to admission, which informed the development of a relevant plan of care for each person's identified needs.

The registered provider had invested in maintaining and upgrading the premises, which had a positive impact on residents' quality of life and their contentment with the lived environment. The person in charge stated that painting was being undertaken at present to address some small scuffed areas, as a result of the movement of heavy chairs, through doors and in bedrooms.

Laundry was well managed and the centre was observed to be very clean. Staff were seen to adhere to good infection control practices, in relation to cleaning, hand hygiene protocol and the use of hand gel.

Generally, there was good practice observed in the area of fire safety management within the centre. Fire safety equipment was serviced, as required and fire safety checks were seen to be regular and comprehensive. Appropriate signage was displayed in the event of a fire. Training records provided evidence that fire drills were completed, taking into account times when staffing levels were lowest. This meant that staff became familiar with evacuating residents at times of highest risk. Staff spoken with were found to be knowledgeable of this and confirmed their participation in the fire drills documented.

A safeguarding policy provided guidance to staff, in relation to recognising and responding to any suspicion, or allegation, of abuse. Staff demonstrated an appropriate awareness of their responsibilities, in this key aspect of maintaining residents' rights, wellbeing and autonomy. Residents had access to independent advocacy groups, who had visited the centre had spoken with residents, and staff.

Residents' nutrition and hydration needs were met. Systems were in place to ensure residents received a varied and nutritious diet, based on their choices and dietary requirements, such as, gluten free diet or modified diets. The inspector observed that there were sufficient staff available to assist residents with dining, where this was necessary. Residents who required modified and fortified diets were seen to be facilitated, with meals and snacks prepared, as recommended by the dietitian. Meals were nicely presented and residents passed positive comments, to the inspector, about the quality, taste and quantity of the food available. For example, two residents were seen to be provided with "curry" if that was their choice, and family members told the inspector that they never imagined that such choices would be facilitated. Residents said that the chef had spent time with them on admission to ascertain their preferences.

The inspector found that residents were free to exercise choice on how they spent their day. It was evident that residents were consulted about the running of the centre, through evidence found in monthly surveys, minutes of residents' meetings and comments by residents on the days of inspection. This meant that residents felt "safe" and "consulted", about their current and future decisions.

A friend of one resident asked to speak with the inspector. They told the inspector that in recent weeks the resident had stated "I am happier here than any place else I have ever lived". When the inspector was leaving the centre on both days of inspection, residents were seen sitting outside, reading, or with visitors, enjoying the evening sun.

In summary, residents were seen to be enabled and encouraged to life to the full, in their older years and to continue engaging in their past interests, while being facilitated to embrace new experiences.

Regulation 10: Communication difficulties

The registered provider had taken steps to ensure that residents could communicate freely:

Residents who had communication difficulties, and special communication requirements, had these recorded in their care plans and were observed to be supported to communicate in their preferred manner.

Residents were also facilitated to access additional supports, such such as, assistive technology, such as i-pads, to assist with their communication.

Residents who had communication difficulties were seen to be included in all activities, and were spoken with a kind and respectful way by staff, who were familiar with their specific needs.

Judgment: Compliant

Regulation 11: Visits

Visiting was encouraged and accommodated.

There was a steady stream of visitors seen throughout the days of inspection.

There were a number of areas to meet with visitors, including the library, the oratory, communal rooms and bedrooms.

Judgment: Compliant

Regulation 13: End of life

End of life care was managed, in line with best evidence-based practice.

Residents were seen to be facilitated to avail of the expertise of the GPs and the palliative care team.

There was an advocate made available if any counselling was required.

End of life decisions were documented where known and if a resident wished to remain in the nursing home, or go to hospital, at this time their wish was respected.

There was an up-to-date policy in place to guide practice and care plans were detailed and person-centred.

Judgment: Compliant

Regulation 26: Risk management

Risks were identified and addressed.

The risk management policy was detailed and demonstrated knowledge of the importance of risk management and putting controls in place to mitigate risks.

The risks specified under the regulations were included in the policy.

Evidence was seen of regular review of the risk register and the health and safety statement.

Judgment: Compliant

Regulation 27: Infection control

Staff were supported to implement the standards for the prevention and control of healthcare infections.

Issues from the previous inspection were being addressed, for example, clinical hand wash basins were being installed.

Training was facilitated in infection control.

There was a relevant policy in place and an infection control lead nurse was identified and trained.

Antimicrobial stewardship was undertaken with regular audits and staff training provided. This meant that antibiotics were used in an appropriate manner, and the

type of antibiotic was specific to the infection identified, thereby ensuring more effective treatment.

The centre was very clean and staff signed when cleaning and housekeeping tasks were completed.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Medicines were well managed and monitored.

Issues found on the previous inspection had been resolved

Residents had access to pharmacy services and the pharmacist was facilitated to fulfil their obligations, under relevant legislation and guidance, issued by the Pharmaceutical Society of Ireland.

Medicines were reviewed four monthly.

Medicine administration charts and controlled drugs records were maintained in line with professional guidelines.

Medicines were securely stored.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Care plans were available for each individual:

Pre-admission assessments were carried out to ensure the service could meet the needs of the proposed admissions.

Following admission, care plans were developed to guide staff on the care to be provided.

In the sample of care plans reviewed, the inspector saw that relevant plans had been developed, which were person-centred, and based on best evidence-based practice.

There were detailed behaviour support plans in place, where necessary. This allowed staff to provide individualised care and avoid an escalation, which may have

required the use of a restrictive intervention, such as sedative medicine, to manage the behaviour.

Judgment: Compliant

Regulation 6: Health care

Health care was well managed in the centre:

A review of residents' medical records, in the above care plans, found that recommendations from residents' doctors, and other health care professionals, were integrated into residents' care plans. This included advice from the palliative team, the chiropodist, the dietitian, the speech and language therapist (SALT), the occupational therapist (OT) and the physiotherapist.

Pressure ulcers, and other wound care, was seen to be carried out in line with professional guidelines, from the tissue viability nurse (TVN).

Judgment: Compliant

Regulation 9: Residents' rights

Residents were happy in the centre and felt their rights were respected and promoted.

Evidence of this was gleaned from conversations during the inspection, reports from relatives, survey results, minutes of residents' meetings and observations throughout the two days of inspection.

The centre was taking part in, nursing homes Ireland week, and staff had prepared bunting, balloons, residents' photographs on personalised cushions, throws and posters for this special week. An in-house artist, staff member, had created a number of pencil portraits of residents, which were on display. They were planning to do a book launch as part of the celebrations in the nursing home, and there was great excitement about the upcoming publicity and the planned party.

Recent activity included, a sport's day, the all Ireland final day, visit from the Fermoy active retirement group choir, baking, painting, Sonas, book club, knitting club, group physio sessions twice weekly, reminiscence group, hairdresser, daily exercise and crosswords among other celebratory events and singing weekly.

Residents said they felt safe and had access to social outings, appropriate activity, garden activity, including growing strawberries, religious services, and external and internal celebrations with family.

Residents felt that they could raise concerns about any aspect of care and they told the inspector that their opinion would be listened to.

They said that activities were meaningful to them and they praised the accommodation, the staff and the support provided.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
What residents told us and what inspectors observed	
Capacity and capability	
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 13: End of life	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant