



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 March 2022
Centre ID:	OSV-0000189
Fieldwork ID:	MON-0035418

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:	68
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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 10 March 2022	09:30hrs to 18:30hrs	Mary O'Mahony	Lead

What residents told us and what inspectors observed

On entering the centre it was evident that Amberley Nursing Home was a nice place to live where residents were facilitated to avail of spacious, nicely decorated accommodation. Staff had implemented a person-centred approach to care and were observed by the inspector to be respectful and caring towards residents. The inspector spoke with a large group of residents and with five residents in more detail throughout the day of inspection and they all agreed that they felt "at home" in the centre. One resident spoken with said the centre was "first class" and described staff as "thoughtful" and "perfect". The inspector also spoke with a number of family members who expressed satisfaction with the management and staff and well as praising them for their communication and care throughout the pandemic. One relative said that the centre was her "first choice for care" for her mother as she had a very satisfactory experience with other relatives who had lived in Amberley in their older years. She particularly liked the fact that residents were accompanied on daily walks in the fresh air and said that that there had been continuous "brilliant communication" during the restrictions on visits.

The inspector acknowledged that this had been a challenging time for staff, residents and relatives. Residents expressed their appreciation of staff who supported them with, shopping, phone calls and video-links to their families. Documentation relating to resident meetings and surveys were reviewed which indicated that a range of issues, such as the COVID-19 virus, food choices, laundry and other matters were discussed with them. In a sample of generally positive survey results reviewed the inspector saw that one relative said she "could find nothing wrong" with the centre. The inspector found that residents' rights were respected in relation to their daily lives and residents and their families had been informed regularly as to the updated guidance on COVID-19 and changes to visiting rules, such as the option to have a nominated person as a daily visitor.

This was an unannounced inspection and on arrival, the inspector was guided through the infection prevention and control measures necessary on entering the designated centre. These processes included hand hygiene, face mask wearing and temperature check. The centre was emerging from their second COVID-19 outbreak at the time of this inspection and the appropriate precautions were in place to prevent cross infection.

Following an opening meeting with the person in charge and the provider, the inspector was accompanied on a tour of each section of the premises. A small number of residents were still in the recovery phase from the virus and staff were seen to follow public health advice in relation to staff allocation and isolation rules. Consequently those residents remained in their bedrooms while other residents were seen to walk around freely or sit in the communal rooms during the day. Fortunately, the effected residents were reported to be well and documentation seen indicated that their medical and care needs were being met. The inspector saw that, generally, there was a good level of compliance with infection control

guidelines around the centre. In relation to infection control, throughout the day, staff were seen to wash their hands frequently, to don and doff (put on and take off) their PPE (personal protective equipment, including, gowns, masks and gloves) appropriately and to use the hand sanitising gel provided.

The premises was generally well maintained, homely and comfortable. It was colourful throughout and thoughtfully decorated. The entrance to the centre was beautifully landscaped with well-tended, beech hedging along the drive. The foyer was spacious and freshly painted with room for residents to sit and admire the rural view. There was a spacious seating area located in an alcove off the foyer where residents could also sit and enjoy a meal, a window visit or watch TV. The centre provided good quality private accommodation and a variety of communal rooms for residents' use. The main dining room was very spacious with windows overlooking the garden. There was an oratory, two bathrooms: one with a hydrotherapy bath, a laundry and a smoking room in the centre. 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. The laundry area was well maintained and there was space in the room to segregate it into a clean and contaminated zone for the purposes of laundry management. There was adequate seating in the garden patio area to be enjoyed by residents as they wished. A raised flower bed had been built to facilitate planting and gardening for residents on the warmer days.

Overall, the physical environment in the centre appeared clean, bright and very well maintained. Bedrooms were spacious and were seen to be personalised and homely with good quality furniture, art work, and photographs. The inspector observed that all bedrooms had a view out into the gardens which residents said was an "added bonus". Residents were well dressed and in the afternoon they were seen to enjoy group activities or to sit watching their TVs, using their phones or reading the daily newspapers. On the day of the inspection an afternoon tea was served to 14 residents who said they loved the home baking and china cups, in particular the servings of scones with jam and cream. One resident spoke proudly with the inspector of her achievements as a "champion bridge player" and her visitor confirmed her satisfaction with the "support and good care" available to her in Amberley. Another resident said she felt "safe and well" in the centre. A 'brain-challenging' quiz formed part of the afternoon entertainment and the majority of the group took part. The inspector observed that there was great camaraderie and a sense of fun generated among the staff and residents. The inspector observed that a snack trolley with tea, drinks and snacks was brought around to each person in their rooms or other communal area also and there was a nice, calm, friendly atmosphere maintained throughout the day.

Meals being served appeared wholesome with adequate portions being served up. A number of residents were seen to ask for smaller portions in the survey results seen by the inspector as they said they were "too generous". They were recorded as being very happy with the meals. When residents requested help from staff they were seen to respond without delay. The corridors were sufficiently wide to accommodate walking aids and wheelchair use and the corridors were busy places throughout the day, indicating an approach that encouraged independence and

autonomy for residents. Handrails were available in each hallway and bathroom area for residents' use.

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

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 management team had been proactive in responding to findings on previous inspections. The inspector saw that the comprehensive audit and management systems set up in the centre ensured that good quality care was delivered to residents. Nevertheless, on this inspection some improvements were required in aspects of fire safety, protection and medicine issues, which were discussed under the quality and safety section of this report.

This unannounced inspection was carried out to assess compliance with the Health Act 2007 and the national standards for infection prevention and control following the declaration of an outbreak of COVID-19 in the designated centre. This was the centre's second outbreak since the pandemic began and a small number of staff and residents were confirmed as COVID-19 cases. Prior to the outbreak it was evident to the inspector that management in the centre had implemented a number of controls to reduce the likelihood of a major outbreak. The inspector acknowledged that residents, their families and staff have been through a difficult time, due to the constraints of the COVID-19 visiting arrangements and the current outbreak.

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 an assistant person in charge, an operations manager, the general manager, administration staff and a team of medical, nursing, healthcare, kitchen and household staff.

The person in charge was the lead person for infection prevention and control in the centre. She informed the inspector that she had access to an expert on infection control processes who audited the centre recently to evaluate infection control during the outbreak. Risk assessments had been completed for actual and potential risks associated with COVID-19 and the provider had put in place a number of controls to keep residents and staff safe. Up-to-date infection prevention and control policies and procedures were in place and were based on national guidelines.

Additional hand wash sinks were in place to enhance hand hygiene opportunities for staff and visitors. The majority of staff and residents had received COVID-19 vaccination and booster vaccination. Management staff had sought daily advice from public health and the current outbreak was almost resolved. The inspector reviewed the training matrix which indicated that staff had attended a range of online training and in-house training in, safeguarding residents, dementia care and manual handling, among other appropriate subjects. Staff spoken with were knowledgeable and informed.

There was an ongoing programme of maintenance and upkeep of the centre was attended to on a regular basis. A comprehensive annual review of the quality and safety of care provided to residents in 2021 had been prepared in consultation with residents. Overall, the staffing and skill mix on the day of inspection appeared to be appropriate to meet the care needs of residents and staff had been assessed in the required competencies to fulfil their roles and duties. A quality management system, which included reviews and audits, was in place to support the provision of a safe, effective and well monitored service. The recording and investigation of incidents and complaints included the satisfaction of the complainant and learning for improvement, where necessary. Residents 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 equipment such as hoists, beds and fire safety 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. Other findings in relation to record keeping were highlighted under Regulation 21: Records.

The aforementioned aspects of the inspection relating to the quality and safety of care were outlined in the second section of this report.

Regulation 14: Persons in charge

The person in charge was experienced in management in the centre where she had held the role for six years. She fulfilled the requirements of the regulations and was suitably qualified. She was engaged in continuous professional development and was supported by a management team with additional expertise and knowledge.

Judgment: Compliant

Regulation 15: Staffing

Staffing levels were appropriate:

- There were adequate numbers of staff in the centre on the day of inspection to meet the needs of residents. The roster reviewed reflected the staffing levels discussed with the person in charge. Staff spoken with felt that staffing levels were adequate and residents were satisfied that their care needs were met.

Judgment: Compliant

Regulation 16: Training and staff development

Training had been delivered as required:

- Staff had access to training mandated under the regulations and additional training appropriate to their role.
- There was a complete schedule of training maintained to ensure that all staff had relevant and up-to-date training to enable them to perform their respective roles with skill.
- Staff had completed training in infection prevention and control and specific training regarding correct use of personal protective equipment (PPE) and hand hygiene.
- Newly recruited staff were provided with a comprehensive induction programme and worked in a supernumerary role for a period of time to enable them to adjust to their role. An appraisal system had been developed and new staff had regular probationary reviews.

Samples of these documents were made available to the inspector.

Judgment: Compliant

Regulation 21: Records

Records required under the regulations were generally well maintained and available for inspection purposes.

These included a staff roster, staff files and reports of any medicine errors.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place and the lines of responsibility and accountability were clearly outlined. Staff were aware of same and knew who to report to if they had concerns or were seeking advice.

- There were robust systems in place to ensure that in general the service was safe appropriate and effectively monitored.
- A comprehensive annual review of the quality and safety of care delivered to residents in the centre for the previous year was completed, with an action plan for the year ahead.
- The person in charge collected key performance indicators, such as falls 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 evidence in the form of minutes of regular management, staff and resident meetings taking place and of actions resolved following same. Residents and staff confirmed attendance at these meetings and were satisfied that their opinions and input mattered.
- Resources were available to ensure the effective delivery of care in accordance with the centre's statement of purpose.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was updated on an annual basis. It contained details of the services available to residents as well as the complaints procedure and management structure.

Judgment: Compliant

Regulation 31: Notification of incidents

All the specified notifications had been submitted to the Chief Inspector in line with the regulations: these included sudden death and serious injury requiring admission to hospital.

Judgment: Compliant

Regulation 34: Complaints procedure

Complaints were well managed:

- Complaints were seen to be recorded in detail and each element of the complaint was documented. Complainants were advised of the appeals process and advised to use this if they were dissatisfied with the outcome of any complaint.
- A copy of the complaints process was prominently displayed in the entrance hall.

Judgment: Compliant

Regulation 4: Written policies and procedures

The policies and procedures on the management of the COVID-19 virus and the policies required under Schedule 5 of the regulations were maintained and updated within the regulatory three yearly time frame.

Judgment: Compliant

Quality and safety

Overall, residents in Amberley Nursing Home were supported and encouraged to have a good quality of life which was respectful of their wishes and choices. There was evidence of good consultation with residents and their needs were being met through timely access to healthcare services and good opportunities for social engagement. Nonetheless, findings on this inspection were that some improvements were required, in relation to medicine management, protection and fire safety.

The premises was generally well maintained, homely and comfortable. Residents' records were maintained on a computer based system. Recent medical input was seen in each of the care plans reviewed. Residents' needs were assessed using clinical assessment tools and care plans were developed to meet residents' identified needs. The inspector reviewed a sample of five care plans during this inspection. Care plans were found to be underpinned by a human rights-based approach and this ethos was evident through the day.

The health of residents was promoted through ongoing medical review and general assessments included skin integrity, nutrition, cognitive ability and falls. Residents had good access to general practitioners (GPs) and a range of health care professionals. Wound care for one resident had been assessed by an expert nurse and expert opinion in the hospital. The inspector saw that there had been incremental improvement recorded in the wound and it was healing well. Residents

had access to pharmacy services and the pharmacist was facilitated to fulfil their obligations under the relevant legislation and guidance issued by the Pharmaceutical Society of Ireland. Medicine reviews and pharmacy audits took place on a regular basis and these revealed good practice. Medicines were generally well managed in the centre and staff spoken with were knowledgeable of the medicines in use for individual residents. Their use was audited and regularly reviewed. Staff signed for all medicines administered and there were clear prescriptions in place for nursing staff. This was further discussed under Regulation 29 in this report.

The inspector observed that residents were provided with a choice of nutritious meals at mealtimes. Meal appeared varied and wholesome. The inspector was assured that residents' dietary and fluid requirements were well met. Food intake was recorded daily for any residents who were at risk of malnutrition. Food was seen to be served in an appetising way. Meal trays being brought from the rooms of residents' who had COVID-19 demonstrated good nutritional intake.

Fire fighting equipment was located throughout the building. Emergency exits were clearly displayed and free of obstruction. Fire safety systems were in place supported by a fire safety policy. The fire safety alarm and extinguishers were services when required and records were available for inspection purposes. Daily, weekly and three monthly fire safety checks were recorded. Fire evacuation drills were carried out and areas for improvement were recorded at each drill. Findings in relation to fire safety are further outlined under Regulation 28. The provider had arranged for new floor plans to be drawn up to easily identify the fire safe compartments, for horizontal evacuation. The risk management policy included the regulatory, specified risks and a live risk register was in place which included assessment of risks, such as risks related to the daily care and differing abilities of residents and the controls in place to minimise risks of fall, smoking or absconsion.

Staff in the centre continued to monitor residents and staff for COVID-19 infection and any ill effects and residents and their families were informed of the status of any effected resident. The contingency plan and preparedness for the management of an outbreak of COVID-19 was seen to be a comprehensive document. The Health Information and Quality Authority (HIQA) COVID-19 preparedness assessment framework on infection control was seen to be in use to risk assess the centre's practices three monthly, as required. Nonetheless, the inspector found that a number of improvements were required in infection prevention and control processes which were highlighted under Regulation 27.

Activity provision was central to the daily experience of residents. Residents were seen to have access to radios, television, telephones and daily newspapers. Bingo, music sessions, quiz, dress-up sessions such as the Rose of Amberley competition, animal road show, physiotherapy sessions, and tea parties formed part of the interesting and varied activity programmes. Residents spoke with the inspector about how they chose which ones to attend based on their interests. They particularly enjoyed the external activities such as gardening, ice cream parties and morning exercise classes. The community was very supportive and had sent in cards and gifts during any time that visits were restricted. Residents' meetings were held three monthly which provided opportunities for residents to express their opinion on

various aspects of care and their concerns about the COVID-19 virus. Staff said that efforts had been made to allow visits in exceptional cases at all times, such as for those at the end of life. As regards current arrangements each resident had been afforded a choice of nominated visitor who would have access daily to the resident even in the event of an outbreak, once the required precautions were followed. Mass was facilitated monthly in the centre and currently by video link to the local church.

In summary, robust systems had been established to support residents' rights and their safety. For example, an ongoing review of the use and safety of bedrails, provision of appropriate training, access to external advocacy services and good communication with residents and their relatives.

Regulation 11: Visits

Visits were undertaken within the current Health protection Surveillance Centre (HPSC) guidelines. Visitors were appropriately screened and wore masks when visiting their relatives. The inspector saw and met a number of visitors during the inspection and saw some people taking their relatives for walks in the extensive grounds of the centre.

Compassionate visiting was encouraged when required.

Judgment: Compliant

Regulation 13: End of life

End-of-life wishes were recorded and residents, or their representative where required, were seen to have signed the plan for future care wishes.

These were updated four-monthly and the general practitioner (GP) input was clearly communicated to staff and recorded by the GP.

Palliative care expertise was available to guide best evidence-based practice.

Judgment: Compliant

Regulation 17: Premises

The premises was suitable and well maintained:

- All bedrooms were spacious with fine wardrobes and lockers for personal property and clothes. They were personalised with residents' personal items such as pictures, photographs and personal bedding.
- 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.
- The centre was kept in a good state of repair and appeared to be very clean throughout. There were two enclosed gardens with suitable seating available.
- The centre was set out in three sections: the east wing, the west wing and the north wing where the dementia unit was located. Good directional signage was in place to aid orientation and room finding for residents in the dementia unit.
- There were spacious communal rooms available with access to large TVs for music and movie-time activities.

Judgment: Compliant

Regulation 26: Risk management

Risk assessment was found to be a key aspect of good health and safety management:

- A COVID-19 risk register was maintained along with individual clinical and non-clinical risk assessments.
- The risk management policy was reviewed and it contained comprehensive information to guide staff on identifying and controlling risks.

Judgment: Compliant

Regulation 27: Infection control

The National Standards for Infection Prevention and Control in Community Settings 2018 were generally applied in the centre. A copy was available to staff.

- The centre was found to be very clean on the day of inspection.
- There were four sluice rooms available, a large laundry room, a janitorial room and clinical hand wash sinks in each hallway external to residents' rooms.
- Staff were aware of the correct temperature for washing contaminated clothes and bed linen.
- Staff were trained in infection control and hand washing protocols.
- Staff were observed wearing PPE correctly and hand washing appropriately.

- The COVID-19 contingency plan was up to date.
- The Health Information and Quality Authority (HIQA) self assessment audit for COVID-19 preparedness had been completed three monthly as required and on going improvements were in evidence.

Judgment: Compliant

Regulation 28: Fire precautions

There were some issues to be addressed in fire safety management:

- The inspector observed that there were insufficient maps on each hallway to indicated the layout of the centre, the fire exits and the location of the reader in the event of a fire evacuation or fire drill training.
- In addition, the fire extinguisher was not easily accessible to resident who frequented the smokers' room.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

- Medicines no longer in use had not all been returned to pharmacy, as required by the regulation.

For example, insulin no longer in use was stored in the medicine fridge.

- Not all medicines requiring to be crushed had been prescribed as such which could lead to errors in administration .

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Care plans were detailed and person centred. They were maintained on an electronic system. They contained sufficient detail and information to direct care.

- Assessments were completed using a range of validated tools such as the Malnutrition Universal Screening Tool (MUST).
- Plans were seen to reflect the assessed needs of residents.
- 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' daily experience and medical and social care needs.

Judgment: Compliant

Regulation 6: Health care

It was evident from documentation seen that medical personnel and other health care professionals were attentive to residents and responded to their health care and mental well-being needs.

- Health care professionals such as the occupational therapist (OT) were available by referral or on a private basis. 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 pharmacist was very supportive, providing training to staff and carrying out meaningful audit and follow-up on any actions.
- 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 7: Managing behaviour that is challenging

The inspector spoke with staff about a number of residents who experienced responsive behaviours (how residents who are living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). A review of care plans for those residents indicated that they had behavioural support plans in place, which identified potential triggers for behaviours and any actions and therapies that best supported the resident.

Residents had access to the psychiatry of older age service.

Throughout the day of inspection the inspector observed that staff demonstrated knowledge, skills and patience when supporting residents experiencing an escalation in their usual behaviour.

Bed rail use was in line with the national policy on the use of such restraints and it was reviewed and risk assessed regularly.

Judgment: Compliant

Regulation 8: Protection

There were issues to be addressed in this aspect of care:

- The provider acted as a pension-agent for one resident, however a separate pension account had yet to be established. This was repeat finding from the last inspection and was required to ensure the resident's finances were maintained separately from the company account.

Nevertheless, it was evident that attempts had been made to get the process moved on and the paperwork was completed immediately following the inspection.

- Additionally, personal monies maintained on behalf of a small number of residents were not properly recorded or returned when required. As a result of the incomplete records the inspector found that the management of residents' finances was not sufficiently robust in these instances.

This issue was addressed and regularised immediately following the inspection.

Judgment: Not compliant

Regulation 9: Residents' rights

Residents rights and wishes were found to be central to the ethos of care in Amberley:

- Residents' survey results and minutes of residents' meetings were reviewed. These indicated that residents were made aware of any changes in the centre. Residents indicated in these documents that their rights were respected and the advocacy service was accessible to them.
- Staff and residents assured the inspector that choices were respected in relation to visits, meals, bedtimes, access to external gardens and smoking choices.
- The hairdresser and the chiropodist visited on a regular basis and these visits were documented. There was a suitable hairdressing salon in the centre.
- The inspector saw evidence to indicate that there was good communication with relatives and residents from the person in charge and the provider throughout the COVID-19 outbreak. This was confirmed by relatives and residents.

- Three activity staff members were maintained on the roster throughout the outbreak to ensure residents' social and communication needs were met and supported. Documentation seen by the inspector supported this.

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 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Amberley Home and Retirement Cottages OSV-0000189

Inspection ID: MON-0035418

Date of inspection: 10/03/2022

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 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Maps indicating the layout of the center, the fire exits and the location will be placed in every fire compartment by 30/04/2022</p> <p>Fire extinguisher will be placed outside the smoking room by 30/04/2022</p>	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: All medications for residents who have been discharged from the centre are returned to our dispensing pharmacy in a timely manner. The medication management audit has been enhanced to reiterate this.</p> <p>Received Crush orders from the G. Ps for residents whose medications requiring to be crushed. This is now clearly reflecting in the Kardex. This will be monitored on a daily basis to prevent any drug errors.</p> <p>All of the above will be audited on a monthly basis and discussed at the governance management meeting chaired by the PIC and supported by the senior management team.</p>	

Regulation 8: Protection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection: We are currently attempting to arrange a separate pension account for one resident. Should we be unsuccessful in arranging a suitable account, we will inform the relevant family that we are ceasing to act as a pension agent.</p> <p>Accounts department will continue to receipt and record all the monies which are directly paid to us and will ensure to return the discharged resident's monies in a timely manner.</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 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	30/04/2022
Regulation 29(5)	The person in charge shall ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.	Substantially Compliant	Yellow	15/03/2022
Regulation 29(6)	The person in charge shall ensure that a medicinal product which is out of date or has been dispensed to a resident but is no	Substantially Compliant	Yellow	15/03/2022

	longer required by that resident shall be stored in a secure manner, segregated from other medicinal products and disposed of in accordance with national legislation or guidance in a manner that will not cause danger to public health or risk to the environment and will ensure that the product concerned can no longer be used as a medicinal product.			
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Not Compliant	Orange	30/05/2022