



**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:	Short Notice Announced
Date of inspection:	18 November 2020
Centre ID:	OSV-0000189
Fieldwork ID:	MON-0030675

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. Dementia care, palliative care, convalescence, long stay and respite residents can be facilitated. There is a dedicated nine-bedded dementia unit in the centre which is staffed by qualified personnel. There is 24 hour nursing and medical care available. A range of health care professionals attend the centre including a weekly physiotherapy session. Consultants' appointments are facilitated and a pharmacy attends to all medicine needs of residents. Access to the centre is through a secure locked entrance porch. This leads to a large well decorated foyer and reception area, where residents can sit and enjoy tea or coffee, chat or watch TV. The centre provides good quality private accommodation and plenty of communal space for residents' use. 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. The rooms are spacious, have adequate storage for personal property, and can be personalised as preferred. There is a chef in the centre and 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 and surveys are conducted regularly. Residents are consulted on admission about their care plan and their individual requirements. There is a comprehensive complaints policy in the centre and staff are trained in safeguarding, infection control, nutrition and medicine management.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	67
--	----

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 18 November 2020	10:00hrs to 18:00hrs	Mary O'Mahony	Lead

What residents told us and what inspectors observed

Residents who resided in Amberley Nursing Home told the inspector that they were happy with activities, the staff, their accommodation and the food. They spoke positively with the inspector about how they spent their days in the centre. The inspector observed resident and staff engagement during the inspection. Feedback was generally positive. Concern was voiced at how isolating the pandemic restrictions had been for residents but they said that staff supported them through this. Residents were aware of the role of the inspector and the inspection process. Documentation relating to resident meetings and surveys were reviewed which indicated that a range of issues were discussed and addressed where possible.

The meals were carefully presented with a choice at each meal. Residents were satisfied that the chef was accessible to them if required. They said that their likes and dislikes were known and that their dietary needs were met. Residents informed the inspector that there was very attentive medical care available and they said that they felt safe in the centre. Visitors were welcomed within the current COVID-19 restrictions and staff kept residents up to date with news from the community. Residents said that they were supported and encouraged to personalise their bedrooms. Daily newspapers were available and activity staff were seen to converse with residents and generally discuss local news with them. Residents said that the centre felt homely and they enjoyed the company of other residents in the communal rooms within the social distance guidelines. During the COVID-19 restrictions staff attended to their hairdressing needs and when the restrictions were lifted the hairdresser had returned for a period of time. Residents were happy with this service and they stated that they always felt good when they had their hair done.

Residents said that staff were respectful and kind. Residents spoke with the inspector about the daily events which kept them occupied and they talked about upcoming birthday celebrations and the recent remembrance mass. Residents described Halloween celebrations which included a suitable movie, pumpkin carving, decorating and a drinks celebration. Additionally, residents had enjoyed a yoga session recently and a beauty relaxation day which was availed of by both male and female residents. They particularly enjoyed the letters sent in from local school children during the pandemic, which kept them involved. Staff said that inter-generational connections had developed which had helped resident to feel valued and cheerful. Staff were seen to read letters and cards to residents. Residents really loved this activity and were seen to laugh and ask questions of staff while this was happening. Other residents were observed reading the daily paper, doing art, listening to music, on their mobile phones, dozing, having snacks and watching TV.

Capacity and capability

This was a short-term announced risk-based inspection conducted over one day. The provider in this centre was Amber Health Care Ltd. The centre had a good history of compliance with the regulations.

On this inspection the inspector acknowledged that residents and staff living and working in the centre worked hard to maintain a COVID-19 free environment during the first wave of infection and to date.

The person in charge was experienced and was supported by a team of knowledgeable managers, nursing, household and care staff. She had developed a comprehensive COVID-19 contingency plan and had updated staff with the most recent guidelines from the Health Service Executive (HSE) and the Health Protection and Surveillance Centre (HPSC). The inspector found that public health, occupational health, HSE and infection prevention and control specialists had been consulted to support the COVID-19 contingency plan. The person in charge said that she liaised with two agencies to ensure that she had a pool of staff members available in the event of a COVID-19 outbreak.

Audits were wide-ranging and comprehensive. The 2019 review of the quality and safety of care had been completed and was available to the inspector. The lines of authority and accountability were clearly set out. Management, staff and health and safety meetings were convened regularly. This was confirmed by staff and minutes of the meetings were made available to the inspector.

Copies of the standards and regulations for the sector were available to staff. Staff spoken with were aware of their responsibilities in relation to safeguarding residents and promoting their rights. Policies on staff recruitment and training supported robust induction, including a supervised probationary period. The person in charge and the registered provider representative (RPR) assured the inspector that Garda Síochána (GV) vetting clearance was in place for all staff, prior to them taking up their respective roles. A sample of staff files was seen to be in compliance with regulations.

Records required by Schedule 2, 3 and 4 of the regulations were securely stored and easily retrievable. A sample of residents' records such as care plans and nursing records was seen. Maintenance and service records were in place.

Issues in relation to infection control, care planning and residents' rights were addressed under the Quality and Safety dimension of this report.

Registration Regulation 4: Application for registration or renewal of registration

All the required documents were submitted.

Judgment: Compliant

Registration Regulation 8: Annual fee payable by the registered provider of a designated centre for older people

All the necessary fees were paid as required by the regulations.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was experienced and was supported by a team of knowledgeable nursing, household and care staff. She had developed a comprehensive COVID-19 contingency plan and had updated staff with all recent guidelines from the HSE and the HPSC.

Judgment: Compliant

Regulation 15: Staffing

Staffing levels were adequate to maintain safe care for residents. The staff roster was reviewed. This indicated that there was a nurse on duty in the centre on a 24-hour basis.

Judgment: Compliant

Regulation 16: Training and staff development

Training was seen to be scheduled on a regular basis, and whenever a training need was identified, by the qualified in-house trainers. Staff training in mandatory and appropriate training had been undertaken by staff. For example, fire safety training, prevention of abuse training, and training in understanding the behaviour and psychological symptoms of dementia (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).

In relation to the risks presented by the COVID-19 pandemic appropriate training

had been provided as follows;

- training on infection control to included hand-washing techniques, application of personal protective equipment (PPE) and use of masks and gloves where appropriate
- the signs and symptoms of COVID-19
- update on the most updated guidelines from the HSE and other bodies on preventing and managing an outbreak of COVID-19
- safe-pass training
- food safety training

All staff were afforded refreshing training related to COVID-19 at each handover report. This ensured that staff were consistently reminded of the serious risk posed by the virus and of their role in preventing infection in the centre.

Judgment: Compliant

Regulation 21: Records

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

Judgment: Compliant

Regulation 23: Governance and management

The centre had a clearly defined management structure that identified the lines of authority and accountability and detailed the responsibilities for each area of care provision.

During the COVID-19 pandemic restrictions the management team had made every effort to ensure that that the service provided was consistent, safe and effectively monitored. Staff were supported by the GPs, the community health care services, infection control specialists and public health colleagues to remain COVID-19 free. Staff, residents and visitors had followed the policies and protocols set out by the HSE and the HPSC. These guidelines were seen to have informed the centre's policies such as the infection control policy which had been updated in September 2020. Resources were made available for a plentiful supply of PPE and hand sanitising gel.

The required COVID-19 infection control guidelines were implemented in relation to the management of residents returning from hospital and the visiting protocol.

The centre's audit and supervision processes incorporated the oversight of infection

prevention to ensure that staff were following the recommended guidance. On the day of inspection, the inspector observed that staff were adhering to infection prevention and control guidance in relation to, hand washing and by wearing appropriate PPE.

The regulatory annual review of the quality and safety of care for 2019 was made available to the inspector. A number of actions from this review were seen to have been addressed.

Judgment: Compliant

Regulation 24: Contract for the provision of services

A sample of contracts seen contained information on the fees to be paid as well as the number of the bedroom to be occupied by each resident.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose set out the aims and ethos of the centre. It also set out how the care needs of residents were to be met as well as the provision of daily activities. The statement contained a commitment to respect residents' rights and encourage their independence.

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

According to records seen by inspectors the complaints recorded had been resolved

and followed up with the complainant where necessary.

Prior to the inspection a number of concerns had been raised through the concerns department of the inspectorate. These were discussed during the inspection. The person in charge was aware of the issues discussed and these had been recorded within the complaints book. She undertook to ensure that all such concerns were fully rectified and that the complainants would be assured that all concerns and complaints were addressed.

Judgment: Compliant

Regulation 4: Written policies and procedures

The policies and procedures for the centre had been updated within the three yearly time frame required by the regulations. These set out the guidelines and protocols to guide staff practices on all areas such as, care, staff induction and medicine management. Relevant policies for the management of the COVID-19 pandemic had been developed. These included infection control, visiting and cleaning protocols.

Judgment: Compliant

Quality and safety

The inspector found that the quality and safety of care was of a good standard in Amberley Nursing Home. This ensured that residents' rights and their safety were promoted. Areas of responsibility had been clearly defined, for example there was now an experienced clinical nurse manager, an operations manager and senior nurse who supported the person in charge in the centre. These staff were assigned specific areas of oversee such as, resources, health and safety, audit, medicine management, manual handling assessments and staff supervision.

The health of residents was promoted through ongoing assessment using a range of recognised tools. Residents' cognition levels, skin integrity, malnutrition and falls risks were documented in a sample of care plans reviewed. Residents benefited from weekly physiotherapy and input from a range of medical professionals such as the dietitian and the dentist. Care plans were found to be underpinned by information and knowledge from residents' life stories and preferences. Findings in relation to care plans and health care issues were described under Regulations 5 and 6 respectively, in this report.

Interaction and sociability for residents were enhanced by the choice of meaningful activities suitable for their preferences and abilities. It was evident to the inspector that there was a strong emphasis on activity as there were three different

sessions being facilitated during the inspection. The inspector found that resident's rights were upheld and that residents were encouraged to participate in decisions about their care plans and daily routines. This is discussed under Regulation 9: Residents' rights, in this report.

Residents' rights and safety were safeguarded by comprehensive systems which had been developed since previous inspections such as review of the use of bed rails, recording of residents' end of life care options and the provision of appropriate training. Key performance indicators (KPIs) were measured to facilitate staffing plans, learning and audit.

Medicine management was very good. Prescriptions were clearly written and signed. The general practitioner reviewed medicines on a three monthly basis. This was described as supportive to staff in the management of residents' care, records and medicine stocks. Comprehensive audit was conducted on a monthly basis on various aspects of medicine management such as the management and audit of the use of psychotropic medicines.

Regulation 11: Visits

New protocols were set up for visiting and these were found to be in line with the current national guidelines. This involved visits on compassionate grounds only at present, due to the new COVID-19 restriction period. Visitors were allowed visual visits through the window which was consoling to a number of residents. One resident said that they did not avail of that type of visit by personal choice.

Judgment: Compliant

Regulation 17: Premises

Amberley Nursing Home was purpose built and opened in 2005. the entrance foyer was spacious and well decorated. There was a nice seating area located in an alcove off the foyer where residents could 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. All the communal rooms were seen to be in use to facilitate social distancing.

Residents' bedroom accommodation comprised 63 single bedrooms and four twin bedrooms all of which had en-suite shower, toilet and wash hand basin. The rooms were spacious with fine wardrobes and lockers for personal property and clothes. Bedrooms were personalised with residents' personal items such as pictures, photographs and personal bedclothes. The inspector saw that rooms in the

dementia specific unit were suitably decorated and personalised. The centre was generally in a good state of repair and appeared to be very clean throughout. There were two enclosed gardens with suitable seating and raised planting benches where residents could be supported to set flowers in the spring. This was undergoing refurbishment at the time of inspection.

The centre was set out in three sections: the east wing, the west wing and the north wing where the dementia unit was located. The corridors were spacious with handrails throughout enabling residents to move freely around the centre. New clear signage was in place to aid orientation and room finding for residents. In the dementia unit colourful murals were painted on the walls along with other picturesque quotes and scenes.

The dementia specific unit was composed of nine single bedrooms, a sitting room and a dining room. A secure garden was accessible through the dining room. This door was open most days as the person in charge stated that there were a number of residents, particularly residents with responsive behaviours (how residents with dementia express discomfort with their surroundings or communicate distress) who became more relaxed following a walk outside. The staff office was located so as to provide direct supervision for residents without intrusion on their activities. Since the previous inspection attention had been paid to the decor on the unit to ensure that the centre was compliant with the design principals of good dementia specific care.

There was adequate assistive equipment available in the centre to meet the needs of residents, such as pressure-relieving cushions and mattresses, grab-rails, hoists and wheelchairs. A number of residents were observed using specialist seating and mobility aids to maintain their independence. Hoists, beds, wheelchairs and other equipment were all well maintained and service records for these were viewed by the inspector. The kitchen was seen to be spacious and well equipped and kitchen staff had been trained in Hazard Analysis Critical Control Points (HACCP).

Some area of the premises required attention:

For example:

- Woodwork and areas of some corridors required repainting due to scuff marks from chairs and hoist equipment. This upkeep had been impacted on by the COVID-19 pandemic as external contractors had not been allowed in the premises.

However the person in charge stated that this work had been planned.

Judgment: Substantially compliant

Regulation 25: Temporary absence or discharge of residents

Transfer documentation was seen for those residents who had required hospital

care. The document seen was detailed and included the status of the resident's COVID-19 status and their skin condition prior to admission to the acute sector. Discharge documentation from any hospital was also on file.

Judgment: Compliant

Regulation 26: Risk management

There was a risk register in the centre which covered a range of risks and appropriate controls for these risks. The risk management policy met the requirements of the regulations and addressed specific issues such as absconson and the prevention of abuse.

Good practice was identified as follows:

- The health and safety statement (2020) and an emergency plan were in place for major events such as fire, storm or flood.
- A comprehensive COVID-19 contingency plan had been developed by the management team which included infection control processes, cleaning protocols and individual COVID-19 risk assessments for residents.
- Actions which were identified on audit had been completed.
- A maintenance book was used to identify any hazard: staff praised the diligent attention paid by the maintenance person to items requiring repair and attention.
- Daily, weekly and monthly fire safety checks were carried out and recorded.
- The fire safety system was well maintained. Fire drills were recorded. Fire exit signs were all in working order and fire exits were easily identified.

Nevertheless, the inspector was not assured during the inspection that all risks had been addressed and controlled:

- the risk present by storing gloves on the hand-rails
- the risk presented by having a bottle of hand sanitising gel on a table in the dementia unit
- a large stock of disposed medicines awaiting return to pharmacy
- no signage for oxygen stored in the clinical room.

Judgment: Substantially compliant

Regulation 27: Infection control

The person in charge informed the inspector that contact from the community health care services and public health was very supportive at the height of the

COVID-19 pandemic. The centre had remained COVID-19 free during the first wave of infection and to date. In light of the risks posed by the virus staff training had also been augmented in the relevant infection control procedures. Policies on infection control had been amended since the COVID-19 pandemic crisis and were found to be in line with the current guidelines.

Good practice was found:

- up to date HSE and HPSC guidelines were accessible to staff.
- suitable hand-washing sinks were located at intervals on the corridors of the centre and there was also a plentiful supply of hand sanitising gel and paper towels available.
- Staff were seen to be wearing masks and diligently hand washing on the day of inspection.
- The 2018 National Standards for Infection prevention and control in community services were accessed when preparing the COVID-19 contingency plan.
- Colour-coded cloths were in use for cleaning.
- Recommended cleaning agents were in use.
- Residents were isolated on admission from home or a hospital for a period of two weeks, as set out in the national guidelines.

Nevertheless, the inspector found that there a number of infection control matters which required attention in order to ensure that the infection control processes outlined in the Standards and in the centre's COVID-19 contingency plan were fully adhered to:

- Foot pedal controlled yellow bins were required for the disposal of clinical waste
- Racks were required in the sluice room for the correct storage of urinals
- Covered bins were required in public area such as the dining room and the activity rooms
- The temperature for safe washing of infected items to be displayed for new laundry staff
- Clean movement slings to be stored off the floor in the laundry room
- Excess clothes and shoes to be removed from the laundry
- Nebuliser masks to be suitably stored when not in use i.e. covered, to promote infection control.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Care plans were written on an electronic system and were accessible to inspectors. The nursing notes were personalised and included details of residents' medical and social needs. The care plans were supported by clinical assessments such as the

malnutrition universal screening tool (MUST) and assessment of cognition and skin integrity. Residents with nutritional challenges were seen to be well managed. These were seen to be followed up by the dietitian and the speech and language therapist (SALT). Residents had their weights recorded on a monthly basis and food intake records were used if recommended by the dietitian. Expert advice had been sought into the management of residents who had sustained pressure sores prior to admission, in order to support optimal healing.

Communication with relatives was documented within the care plans and it was apparent that there was good communication established during the COVID-19 lockdown period. This included the use of an electronic tablet for video calls.

Judgment: Compliant

Regulation 6: Health care

Staff said that medical personnel and allied health care professionals were attentive to residents and responded to their health care and mental well-being needs.

Health care professionals such as the physiotherapist and the occupational therapist were available by referral or on a private basis. A physiotherapist came to the centre once a week at present and all residents engaged in the exercise sessions he facilitated.

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.

Evidence was seen that the centre communicated with a tissue viability nurse (TVN, a nurse who was trained in wound care) in order to ensure that best-evidence wound care practice was used. This greatly enhanced the resident's welfare and improved healing times for wounds, according to the person in charge. This professional input was seen to inform the relevant care plans. Photographs of a wound seen by the inspector indicated that incremental healing had occurred over a period of time. According to the person in charge and documentation seen the pressure sores had developed in the acute sector prior to admission. The person in charge told the inspector that skin integrity and wound care were subjected to audit.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

There were a number of residents who had been diagnosed with dementia, residing in the centre.

In a sample of residents' care plans reviewed comprehensive care plans were in place for responsive behaviour management.

These plans were individualised, person-centred and reflected a person-centred, non-pharmaceutical approach to managing and understanding the behaviour.

Staff had been trained in the most up-to-date approaches and best-evidence based practice.

Judgment: Compliant

Regulation 8: Protection

The centre had general measures in place to safeguard residents and protect them from abuse. There were policies and procedures in place for the prevention, detection and response to abuse. Residents indicated that they could speak staff if they had any concerns and confirmed that they felt safe in the centre. Training records indicated that staff had received training in adult protection and safeguarding and this was provided by the person in charge.

The inspector reviewed the systems in place to safeguard resident's finances. As identified on the previous inspection the provider was a pension agent for three residents. A sample of records viewed indicated that careful records were maintained of these transactions. However although efforts were made to open individual accounts for these residents this had proved difficult to set up, according to the administrative assistant. The residents' pensions and related refunds were still being paid into the nursing home account and not into a separate "client or resident" account. The department of social protection required that the full amount of pension must be paid to the resident before any deductions can be made. In addition, there was a stipulation in the Social Welfare guidelines that the balance of the pension was to be lodged to an interest bearing account for a resident and that there should be clear separation between residents' accounts and that of the provider, to safeguard residents' money. The person in charge stated that this would be addressed with the accountant and the provider.

There was a policy on responsive behaviour and staff were provided with training in the centre which recorded on the training matrix and in staff files. There was evidence that residents who presented with responsive behaviour were reviewed by their GP and referred to psychiatry of old age as required. The inspector observed good practice in the use of positive behaviour strategies in the dementia unit.

Where bed rails were required for a resident the inspector saw evidence that there

was a comprehensive assessment completed. Consent was obtained from residents for the use of bed rails and there was evidence of regular checks when these were in use. There were 16 residents using bed rails at the time of the inspection which was a decrease from the previous inspection. Alternatives to restraint were in place such as low low beds, alarm and sensor mats, demonstrating efforts were in place to maintain independence and safe alternatives.

Judgment: Substantially compliant

Regulation 9: Residents' rights

During the inspection the inspector observed positive and kind interactions between staff and residents. Relatives' and residents' survey results revealed that they were satisfied with all aspects of life in the centre. The person in charge described very kind community and relatives' interactions with the centre during the COVID-19 pandemic.

Residents were consulted with on a daily basis by the person in charge and staff in relation to the COVID-19 arrangements, any related anxieties about visitor restrictions, food choices and bedtime routines. The psychological impact of the pandemic on staff and resident was recognised and psychological support was offered.

A comprehensive programme of appropriate activities had continued during the time of COVID-19 restrictions. The activity schedule was informed by residents' interests and abilities as discussed at the beginning of this report. Residents were facilitated to access garden areas and the smoking area whenever they requested this. Colourful art pieces and photographs indicated that celebratory events were enjoyed with staff, family and other residents.

Arrangements were in place to facilitate residents' religious and civil rights. Residents voted in all elections and weekly mass was available during the current pandemic, generally by video link. Contact details for a national independent advocacy service were displayed and available to residents or their families, if required. The complaints process was clearly outlined on the notice board in the entrance hallway.

Residents had access to daily newspapers and radio. "Smart" TVs and radios were seen in residents' bedrooms, communal rooms and the dining room. Residents were seen reading the daily papers. Staff were aware of residents' backgrounds and their life stories prior to admission. This meant that residents felt safe and at home in the centre.

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	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Registration Regulation 8: Annual fee payable by the registered provider of a designated centre for older people	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
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 17: Premises	Substantially compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Substantially compliant
Regulation 27: Infection control	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	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Amberley Home and Retirement Cottages OSV-0000189

Inspection ID: MON-0030675

Date of inspection: 18/11/2020

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 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: Company contacted the painters and they have agreed to complete the painting works on the wood side boards and the corridors. This will be completed by 31/03/2021	
Regulation 26: Risk management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management: 1. Gloves are removed from the handrails. Implemented on 18/11/2020 2. Hand sanitizing gel is removed from the dementia unit and kept in a safer place where residents cannot access. Implemented on 18/11/2020 3. Returned the stock of disposed medications to the pharmacy. Implemented on 19/11/2020 4. Signage in place now for the oxygen kept in the clinical room. Implemented on 19/11/2020	
Regulation 27: Infection control	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Infection control: 1. Order in place for the foot pedal controlled yellow bins. This will be completed by	

18/12/2020

2. Order in place for the urinal racks for the sluice room. This will be completed by 15/01/2021

3. Displayed the temperature for safe washing in the laundry. Implemented on 19/11/2020

4. Slings are now stored in a shelf in the laundry room. Implemented on 19/11/2020

5. Removed excess clothes from the laundry. Implemented on 19/11/2020

6. Nebulizer masks are now stored in a sealed bag after use. Implemented on 20/11/2020

Regulation 8: Protection

Substantially Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:
Company contacted bank and is in the process of sorting out separate pension accounts for 3 residents. This work will be completed by 31/03/2021

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 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Substantially Compliant	Yellow	31/03/2021
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.	Substantially Compliant	Yellow	19/11/2020
Regulation 27	The registered provider shall ensure that procedures, consistent with the	Substantially Compliant	Yellow	15/01/2021

	standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.			
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Substantially Compliant	Yellow	31/03/2021