

**Health Information and Quality Authority  
Regulation Directorate**

**Compliance Monitoring Inspection Report  
Designated Centres under Health Act  
2007**



<b>Centre name:</b>	Amberley Home and Retirement Cottages
<b>Centre ID:</b>	0189
<b>Centre address:</b>	Acres
	Fermoy
	Co Cork
<b>Telephone number:</b>	025-40900
<b>Email address:</b>	info@amberleyhome.ie
<b>Type of centre:</b>	<input checked="" type="checkbox"/> <b>Private</b> <input type="checkbox"/> <b>Voluntary</b> <input type="checkbox"/> <b>Public</b>
<b>Registered provider:</b>	Amber Healthcare Ltd
<b>Person authorised to act on behalf of the provider:</b>	Liam Fitzgerald
<b>Person in charge:</b>	Catherine O'Sullivan
<b>Date of inspection:</b>	23 April 2013 and 24 April 2013
<b>Time inspection took place:</b>	<b>Day 1-Start:</b> 09:30hrs <b>Completion:</b> 18:30hrs <b>Day 2-Start:</b> 09:25hrs <b>Completion:</b> 13:35hrs
<b>Lead inspector:</b>	Caroline Connelly
<b>Support inspector(s):</b>	Margaret O'Regan (Day 1)
<b>Type of inspection</b>	<input checked="" type="checkbox"/> <b>announced</b> <input type="checkbox"/> <b>unannounced</b>
<b>Number of residents on the date of inspection:</b>	46
<b>Number of vacancies on the date of inspection:</b>	2

## About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of their registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

**Summary of compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.**

This inspection report sets out the findings of a monitoring inspection, in which all of the 18 outcomes were inspected against. The purpose of the inspection was:

- to inform a registration decision
- to inform a registration renewal decision
- to monitor ongoing compliance with regulations and standards
- following an application to vary registration conditions
- following a notification of a significant incident or event
- following a notification of a change in person in charge
- following information received in relation to a concern/complaint

The table below sets out the outcomes that were inspected against on this inspection.

<b>Outcome 1: Statement of Purpose</b>	<input checked="" type="checkbox"/>
<b>Outcome 2: Contract for the Provision of Services</b>	<input checked="" type="checkbox"/>
<b>Outcome 3: Suitable Person in Charge</b>	<input checked="" type="checkbox"/>
<b>Outcome 4: Records and documentation to be kept at a designated centres</b>	<input checked="" type="checkbox"/>
<b>Outcome 5: Absence of the person in charge</b>	<input checked="" type="checkbox"/>
<b>Outcome 6: Safeguarding and Safety</b>	<input checked="" type="checkbox"/>
<b>Outcome 7: Health and Safety and Risk Management</b>	<input checked="" type="checkbox"/>
<b>Outcome 8: Medication Management</b>	<input checked="" type="checkbox"/>
<b>Outcome 9: Notification of Incidents</b>	<input checked="" type="checkbox"/>
<b>Outcome 10: Reviewing and improving the quality and safety of care</b>	<input checked="" type="checkbox"/>
<b>Outcome 11: Health and Social Care Needs</b>	<input checked="" type="checkbox"/>
<b>Outcome 12: Safe and Suitable Premises</b>	<input checked="" type="checkbox"/>
<b>Outcome 13: Complaints procedures</b>	<input checked="" type="checkbox"/>
<b>Outcome 14: End of Life Care</b>	<input checked="" type="checkbox"/>
<b>Outcome 15: Food and Nutrition</b>	<input checked="" type="checkbox"/>
<b>Outcome 16: Residents' Rights, Dignity and Consultation</b>	<input checked="" type="checkbox"/>
<b>Outcome 17: Residents' clothing and personal property and possessions</b>	<input checked="" type="checkbox"/>
<b>Outcome 18: Suitable Staffing</b>	<input checked="" type="checkbox"/>

This report sets out the findings of an announced inspection. This was the seventh inspection of Amberley Home by the Health Information and Quality Authority's Regulation Directorate. This inspection took place over two days on 23 April 2013 and 24 April 2013. As part of the inspection the inspectors met with the person in charge, the assistant director of nursing, the providers, residents, and numerous staff members. The inspectors observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files.

The findings of the inspection are set out under eighteen outcome statements. These outcomes set out what is expected in designated centres and are based on the

requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*. Residents' comments are found throughout the report.

The provider had applied for a variation of his conditions to increase their number of residents registered for from 48 to 70. A large extension had been added to the main building which consisted of 22 extra single full en suite bedrooms, day rooms, nurses' station, toilets, storage rooms, staff facilities and a large new laundry. The building was visited and checked by the inspectors during the inspection and found to be of a high standard.

A new clinical nurse manager had been appointed since the last inspection and she underwent an interview with the inspectors. She displayed a good knowledge of the standards and regulatory requirements and was found to be committed to providing quality person-centered care to the residents.

The providers and person in charge were very proactive in response to the actions required from the previous inspection and the inspectors viewed a number of improvements during the inspection which are discussed throughout the report.

The inspectors found the premises, fittings and equipment were of a very high standard, were clean and well maintained and there was appropriate use of colour and soft furnishings to create a homely environment. There was a good standard of décor throughout.

The collective feedback from residents and relatives was one of great satisfaction with the service and care provided.

In summary, the person in charge was involved in the day-to-day running of the centre and was found to be easily accessible to residents, relatives and staff. There was evidence of individual residents' needs being met and the staff supported residents to maintain their independence where possible. Community and family involvement is encouraged with residents saying their relatives/visitors felt welcome at any time. Signs were up offering visitors tea and coffee if they would like it to just ask the staff.

The inspectors found that restraint practices required review and least restrictive options needed to be explored. There were a small number of other improvements required in relation to policy completion and documentation.

These improvements as outlined below are required to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*. The provider was required to complete an action plan to address these areas.

These improvements included:

- updating the statement of purpose
- updating policies and procedures
- restraint practices
- risk assessment.

#### **Section 41(1)(c) of the Health Act 2007**

**Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.**

#### **Theme: Governance, Leadership and Management**

*Effective governance, leadership and management, in keeping with the size and complexity of the service, are fundamental prerequisites for the sustainable delivery of safe, effective person-centred care and support.*

#### **Outcome 1**

*There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.*

#### **References:**

Regulation 5: Statement of Purpose  
Standard 28: Purpose and Function

#### **Action(s) required from previous inspection:**

No actions were required from the previous inspection.

### **Inspection findings**

The statement of purpose and function was viewed by the inspectors, it clearly described the service and facilities provided in the centre. It identified the staffing structures and numbers of staff. It also described the aims, objectives and ethos of the centre. The facilities, management structure and services provided were set out and other relevant information provided. This ethos was reflected in day-to-day life, through the manner in which staff interacted, communicated and provided care. However, an updated statement of purpose and function is required to be forwarded to the Chief Inspector to include the extra bedrooms and facilities that are provided in the new extension and the increase in residents' number required for registration of the extension. It also needed to include an organisational structure and changes to the key senior management.

**Outcome 2**

*Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.*

**References:**

Regulation 28: Contract for the Provision of Services

Standard 1: Information

Standard 7: Contract/Statement of Terms and Conditions

**Action(s) required from previous inspection:**

No actions were required from the previous inspection.

**Inspection findings**

Updated contracts of care had been implemented for residents and were seen by the inspectors. The contracts were comprehensive, were agreed within a month of new admissions and they stipulated details of the service provided, the fee to be paid and what was included and excluded from that fee. There were two contracts requiring signatures but there was evidence that they were with the residents and had been chased up by the person in charge.

**Outcome 3**

*The designated centre is managed by a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service.*

**References:**

Regulation 15: Person in Charge

Standard 27: Operational Management

**Action(s) required from previous inspection:**

No actions were required from the previous inspection.

**Inspection findings**

The person in charge who had been appointed on 20 August 2012 had settled well into her role. She displayed a clear understanding of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and showed an awareness of the challenges facing the centre in line with the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

The person in charge is an experienced nurse and manager and is actively involved in the day-to-day organisation and management of the service. She had a good reporting mechanism in place to ensure that she is aware and kept up-to-date in relation to the changing needs of the residents. Staff and residents identified the

person in charge as the one with the overall authority and responsibility for the service and residents and relatives identified her as being easily available to all. She was found to be committed to providing quality person-centered care to the residents and had made numerous changes and improvements within the centre. She was found to be very proactive in her response to all the actions required from the previous report.

**Outcome 4**

*The records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).*

**References:**

- Regulations 21-25: The records to be kept in a designated centre
- Regulation 26: Insurance Cover
- Regulation 27: Operating Policies and Procedures
- Standard 1: Information
- Standard 29: Management Systems
- Standard 32: Register and Residents' Records

**Inspection findings:**

*\*Where "Improvements required" is indicated, full details of actions required are in the Action Plan at the end of the report.*

**Residents' Guide**

Substantial compliance  Improvements required \*

**Records in relation to residents (Schedule 3)**

Substantial compliance  Improvements required \*

**General Records (Schedule 4)**

Substantial compliance  Improvements required \*

**Operating Policies and Procedures (Schedule 5)**

Substantial compliance  Improvements required \*

\*Although a number of policies and procedures had been reviewed and updated a number continued to require review and updating.

### **Directory of Residents**

Substantial compliance

Improvements required \*

The directory of residents was found to be missing a number of details which included the sex of the resident, the address and telephone number of the GP and where the resident was admitted from.

### **Staffing Records**

Substantial compliance

Improvements required \*

### **Medical Records**

Substantial compliance

Improvements required \*

### **Insurance Cover**

Substantial compliance

Improvements required \*

### **Outcome 5**

*The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.*

#### **References:**

Regulation 37: Notification of periods when the Person in Charge is absent from a Designated Centre

Regulation 38: Notification of the procedures and arrangements for periods when the person in charge is absent from a Designated Centre

Standard 27: Operational Management

#### **Action(s) required from previous inspection:**

No actions were required from the previous inspection.

### **Inspection findings**

At the last inspection there was a new person in charge and the provider had informed the Authority in accordance with legislation.

The person in charge works full time and is supported in her role by a new clinical nurse manager who covers for the person in charge in her absence and senior staff nurses take charge of the centre at the weekends and at night time. The inspectors met with the new CNM during the inspection and she was found to be committed to providing quality person-centered care to the residents.



The person in charge meets with the provider formally on a weekly basis and the providers are attending the centre on a regular basis to ensure good governance of the centre.

**Theme: Safe care and support**

*Safe care and support recognises that the safety of service users is paramount. A service focused on safe care and support is continually looking for ways to be more reliable and to improve the quality and safety of the service it delivers.*

*In a safe service, a focus on quality and safety improvement becomes part of a service-wide culture and is embedded in the service's daily practices and processes rather than being viewed or undertaken as a separate activity.*

*To achieve a culture of quality and safety everyone in the service has a responsibility to identify and manage risk and use evidence-based decision-making to maximise the safety outcomes for service users.*

**Outcome 6**

*Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse.*

**References:**

Regulation 6: General Welfare and Protection

Standard 8: Protection

Standard 9: The Resident's Finances

**Action(s) required from previous inspection:**

No actions were required from the previous inspection.

**Inspection findings**

The inspectors viewed records maintained of staff's recent attendance at elder abuse training. Staff interviewed informed the inspectors that they had attended training on elder abuse and held discussions in order to increase their awareness and understand clearly their responsibilities. Staff interviewed demonstrated an awareness of what to do if an allegation of abuse was made to them and told the inspector there was no tolerance to any form of abuse in the centre.

Residents' finances were safeguarded by the policy on the management of residents' accounts and personal property. The inspector saw a record of all money and valuables kept in the safe for safekeeping for residents, along with a list of all withdrawals or lodgements which were signed and properly receipted.

**Outcome 7**

*The health and safety of residents, visitors and staff is promoted and protected.*

**References:**

Regulation 30: Health and Safety  
Regulation 31: Risk Management Procedures  
Regulation 32: Fire Precautions and Records  
Standard 26: Health and Safety  
Standard 29: Management Systems

**Action(s) required from previous inspection:**

The actions required from the previous inspection were satisfactorily completed.

**Inspection findings**

The fire policies and procedures were centre-specific. Procedures for evacuation in the event of fire were posted throughout the building. Documentation on fire safety practices were recorded and found to be satisfactory and staff interviewed were aware of what to do in the event of fire. Fire training was provided by a fire safety company who issued certificates of attendance which were available for review by the inspector. Records confirmed that staff had received fire training in November 2012 and May 2012, March 2013 and April 2013. The fire alarms were tested on a three-monthly basis, and records indicated that this had last been checked on 2 March 2013. The fire extinguishers, hoses and blankets were also checked annually and records indicated these also were last checked in April 2013. The maintenance man completes checks on fire exits to ensure they are clear and weekly checks on the alarm are carried out, which are all documented. The inspectors saw these records and that all fire door exits were unobstructed.

On the last inspection and on previous inspection it was identified that fire drills were not being held on a regular basis as is required by the regulations. On this inspection the inspectors viewed records to demonstrate that fire drills were now taking place on a regular basis and the person in charge reported an improvement in response times and awareness as a result.

On the last inspection the health and safety statement and risk policy viewed by the inspector required review and updating accordingly. On this inspection this was found to have been completed. The risk policy updated in January 2013 now contained comprehensive hazards identification and actions to be taken and by whom. The inspectors identified that a risk assessment required completion for the back entrance in the extension which is a goods entrance for the kitchen. Kitchen deliveries are planned to come through residents' area which could be a hazard for residents.

The emergency plan was very comprehensive for fire and other major emergencies but required updating to take into account action to be taken in the event of the kitchen or laundry not being in operation.

A new health and safety committee had been established since the last inspection with representatives from all areas of the centre.

Moving and handling training was provided to staff and the inspectors viewed training records to show staff were receiving this mandatory training.

Closed-circuit television (CCTV) is positioned in communal areas and outside in the grounds, helping to maintain the safety of residents.

Inspectors observed staff abiding by best practice in infection control with regular hand washing, and the appropriate use of personal protective equipment such as gloves and aprons. Hand sanitizers were also present at the entrance to the building and throughout all staff and residents' area. New wash-hand sink had been placed appropriately along the corridors in the new extension.

### **Outcome 8**

*Each resident is protected by the designated centres' policies and procedures for medication management.*

#### **References:**

Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines  
Standard 14: Medication Management

#### **Action(s) required from previous inspection:**

The actions required from the previous inspection were satisfactorily implemented.

### **Inspection findings**

The inspectors observed a nurse administering the morning medications, and this was carried out in line with An Bord Altranais Guidelines 2007. Medications are prescribed, stored, and disposed of appropriately in line with An Bord Altranais Guidance to Nurses and Midwives on Medication Management (2007). On the last inspection a number of improvements required were identified in the medication prescription and recording sheets to be compliant with best practice guidance and a number of these issues had been identified on a previous inspection. On this inspection the inspectors observed that these had all been rectified and all required information was now on medication administration chart.

A local pharmacist provides a comprehensive service and is available on a daily basis. Medications are provided on foot of a prescription only. The pharmacist is now providing training to the staff and has undertaken medication management audits. The pharmacist had attended resident committee meetings and also held individual meeting with residents to discuss their medications.

The supply, distribution and control of scheduled controlled drugs was checked and deemed correct against the register in line with legislation. Nurses were checking the quantity of medications at the start of each shift. The person in charge identified that she

was going to change the control drug book. The nurses spoken with displayed a good knowledge of medications and the procedure outlined for administration.

#### **Outcome 9**

*A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.*

#### **References:**

Regulation 36: Notification of Incidents

Standard 29: Management Systems

Standard 30: Quality Assurance and Continuous Improvement

Standard 32: Register and Residents' Records

#### **Action(s) required from previous inspection:**

No actions were required from the previous inspection.

### **Inspection findings**

The person in charge has notified the Regulation Directorate of incidents as required by Article 36 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

#### **Theme: Effective care and support**

*The fundamental principle of effective care and support is that it consistently delivers the best achievable outcomes for people using a service within the context of that service and resources available to it. This is achieved by using best available national and international evidence and ongoing evaluation of service-user outcomes to determine the effectiveness of the design and delivery of care and support. How this care and support is designed and delivered should meet service users' assessed needs in a timely manner, while balancing the needs of other service users.*

#### **Outcome 10**

*The quality of care and experience of the residents are monitored and developed on an ongoing basis.*

#### **References:**

Regulation 35: Review of Quality and Safety of Care and Quality of Life

Standard 30: Quality Assurance and Continuous Improvement

#### **Action(s) required from previous inspection:**

The actions required from the previous inspection were satisfactorily implemented.

## Inspection findings

On the last inspection it was identified that although some audits had commenced in 2011 these had not continued and that audits were not completed on a regular, consistent basis and used for the purposes of ongoing quality monitoring and continuous improvement. On this inspection the person in charge had introduced a new audit package and had commenced audits in numerous areas of care practice and environment.

The inspectors saw that medication management audits had taken place both by the person in charge and by the pharmacy. Health and safety audits were commenced and ongoing. An audit of infection control practices took place in January 2013 and March 2013. The person in charge demonstrated improvements made as a result of auditing and action plans and changes to practice put in place.

The inspectors were satisfied that audits were now taking place on a regular consistent basis and were used for the purposes of ongoing quality monitoring and continuous improvement.

The inspector requested a report to be submitted with the quarterly returns to the Chief Inspector in respect of any future reviews conducted and any changes implemented in relation to practices.

### Outcome 11

*Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.*

### References:

Regulation 6: General Welfare and Protection  
Regulation 8: Assessment and Care Plan  
Regulation 9: Health Care  
Regulation 29: Temporary Absence and Discharge of Residents  
Standard 3: Consent  
Standard 10: Assessment  
Standard 11: The Resident's Care Plan  
Standard 12: Health Promotion  
Standard 13: Healthcare  
Standard 15: Medication Monitoring and Review  
Standard 17: Autonomy and Independence  
Standard 21: Responding to Behaviour that is Challenging

### Action(s) required from previous inspection:

The actions required from the previous inspection were satisfactorily implemented

## Inspection findings

Inspectors observed that residents appeared to be well cared for, which was further reflected in residents' comments that their daily personal care needs were well met.

Residents were provided with the services of a general practitioner (GP) of their choice and, wherever possible, were able to continue to see their own GP. The majority of residents were under the care of one GP practice that provided a comprehensive service. The GP visited the centre on a weekly basis or more frequently as required.

Residents received a full review of all their medical care, and their medication was reviewed on a three-monthly basis or more frequently as required. This was seen by inspectors to be documented on their medication charts.

A chiropodist service is available in-house every three to four weeks. A local dentist visits the centre to review residents and if they require dental treatment they are taken via the minibus to the dental practice. Optical assessments were undertaken on all residents in house by an optician from an external optical company. The opticians provide new glasses and aids as required. Optical and dental assessment sheets were seen in residents' records.

The physiotherapist provided a weekly group exercise session and individual physiotherapy if required.

On the previous inspections it was noted that there was a good range of assessments being completed with residents but care plans required improvement. On this inspection the care plans were much improved and were more person-centred and reflective of the assessed needs of the residents and their psychological and social needs. Overall the inspectors found a good standard of evidenced-based nursing care and the provision of appropriate medical and multidisciplinary healthcare, however, practices in relation to restraint required review. There were a number of residents using seat belt restraint and bedrails and although there were assessments completed on the need for restraint there was little evidence seen of alternatives to restraint being used. The system for restraint release and giving the resident the chance for motion and position change at least on a two hourly basis also required to be more robust and documented accordingly. Further training and education is required to promote and work towards a restraint free environment.

The inspectors observed improvements in the social and recreational programmes in place, the person in charge had employed an activities coordinator who had commenced in her role following the last inspection, and residents were very complimentary about the activities coordinator and her role.

### **Outcome 12**

*The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.*

**References:**

Regulation 19: Premises  
Standard 25: Physical Environment

**Action(s) required from previous inspection:**

No actions were required from the previous inspection.

**Inspection findings**

Residents' bedrooms, communal bathrooms, the laundry, kitchen, gardens, lounges and other communal areas were inspected.

The centre was purpose-built with a good standard of private and communal space and facilities. It was observed to be bright and clean throughout, and had appropriate furnishings and colour schemes. Residents' bedrooms were comfortable, with those residents interviewed stating that they were happy with the accommodation provided and commenting on the lovely home they lived in. They informed inspectors that they enjoyed the spacious, well-maintained gardens with plenty of seating available for residents and visitors.

The new extension consists of 22 extra large single ensuite bedrooms, day rooms, conservatory, nurses' station, toilets, storage rooms, staff facilities and a large new laundry. The building was visited and checked by the inspectors during the inspection and found to be of a high standard.

The current dining room and kitchen had also been extended to facilitate the increase in residents and the dining room provides a very large room which doubles up for activities and functions.

The centre had wide corridors throughout enabling easy access for residents in wheelchairs and those people using walking frames or other mobility appliances. The inspectors observed residents moving independently around the corridors using their individual mobility aids.

There was appropriate assistive equipment available to meet the needs of the residents, such as electric beds, hoists, pressure-relieving mattresses, wheelchairs and walking frames. Hoists and other equipment were all maintained and service records viewed by inspectors were up-to-date. The centre employs a maintenance person who responds to all the day-to-day maintenance of the centre and equipment.

The waste management system was well managed and secure, and staff demonstrated awareness of correct bags to use for domestic and clinical waste. Inspectors viewed an up-to-date contract that was in place for the removal of waste.

**Theme: Person-centred care and support**

*Person-centred care and support has service users at the centre of all that the service does. It does this by advocating for the needs of service users, protecting their rights, respecting their values, preferences and diversity and actively involving them in the provision of care. Person-centred care and support promotes kindness, consideration and respect for service users' dignity, privacy and autonomy.*

**Outcome 13**

*The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.*

**References:**

Regulation 39: Complaints Procedures

Standard 6: Complaints

**Action(s) required from previous inspection:**

No actions were required from the previous inspection.

**Inspection findings**

There is a policy and procedure for making, investigating and handling complaints. The policy is displayed in the main reception area and is also outlined in the statement of purpose and function and in the Residents' Guide. The person in charge informed the inspector that complaints are discussed at staff meetings and informed changes to practice.

The providers and person in charge conveyed a good understanding of the purpose of a complaints procedure. In practice, records of complaints and their outcomes were kept, with an independent appeals person nominated. Staff interviewed conveyed an understanding of the process involved in receiving and handling a complaint. The inspector saw that complaints, actions taken and outcomes were documented in accordance with best practice.

Residents and relatives told inspectors that they had easy access to the person in charge and the nurses on duty and felt they could report any complaints or concerns to them and these would be dealt with.

**Outcome 14**

*Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.*

**References:**

Regulation 14: End of Life Care

Standard 16: End of Life Care



**Action(s) required from previous inspection:**

No actions were required from the previous inspection.

**Inspection findings**

Residents' religious needs were facilitated with the provision of the centre's oratory for quiet reflection and prayer. Residents were seen using the oratory and confirmed to the inspectors their enjoyment of same. Mass is held regularly and a minister of the Eucharist gives out communion every Sunday. Other religious denominations are visited by their own ministers as required.

Care practices and facilities in place were designed to ensure residents received end-of-life care in a way that met their individual needs and wishes and respected their dignity and autonomy. Individual religious and cultural practices were facilitated and family and friends were facilitated to be with the resident when they were dying. Overnight facilities were made available for relatives' use if required.

The end-of-life policy required review and updating.

**Outcome 15**

*Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.*

**References:**

Regulation 20: Food and Nutrition  
Standard 19: Meals and Mealtimes

**Action(s) required from previous inspection:**

No actions were required from the previous inspection.

**Inspection findings**

The dining room was extended since the last inspection and residents were seen to enjoy their lunch in the bright, relaxed central dining room where tables were set with condiments and appropriate cutlery. Other residents choose to have their meals in their bedrooms. On the day of inspection the quality of meals was seen to be of a good standard confirmed by the inspectors who sampled the food. Residents informed inspectors that they did had a choice of meals and if they did not like what was on the menu they would be provided with something different. Residents told inspectors they had access to drinks and snacks throughout the day. Water coolers were seen in the dining room and jugs with water were seen on bedside tables in residents' rooms.

Residents' weight charts viewed by inspectors showed that weights were recorded monthly and changes in weight were reported and discussed with staff. Nutritional

assessments were completed and dietary advice was received from a dietician at a nutritional company. Nutritional supplements were available for residents who required additional nutritional assistance.

There was good communication between the catering staff and the nursing staff and the cook was able to identify special diets and residents likes and dislikes.

### **Outcome 16**

*Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence.*

### **References:**

Regulation 10: Residents' Rights, Dignity and Consultation

Regulation 11: Communication

Regulation 12: Visits

Standard 2: Consultation and Participation

Standard 4: Privacy and Dignity

Standard 5: Civil, Political, Religious Rights

Standard 17: Autonomy and Independence

Standard 18: Routines and Expectations

Standard 20: Social Contacts

### **Action(s) required from previous inspection:**

The actions required from the previous inspection were satisfactorily implemented.

## **Inspection findings**

Inspectors observed that residents' privacy and dignity was respected and promoted by staff. Adequate screening was provided in shared bedrooms and staff knocked before entering residents' bedrooms to ensure their privacy and dignity was maintained while personal care was being delivered. The manner in which residents were addressed by staff was seen to be appropriate and respectful. Residents had a personal phone in their bedroom allowing for privacy in making and receiving phone calls.

The centre operates an open visiting policy. Residents commended staff on how welcoming they were to all visitors. There is ample private space available for residents to meet with their visitors if they did not wish to use their bedrooms. Residents informed inspectors of how they were encouraged to maintain their independence wherever possible and many residents were seen freely walking around the centre.

The residents' committee is now very active and the inspectors saw minutes of the residents' committee meetings held on 28 March 2013 which was well attended by residents and relatives. Residents who did not wish to attend in person were facilitated to listen into the meeting via a link to their bedrooms. The pharmacist also attended the meeting and informed the residents and relatives that he would be attending the centre

to meet residents to discuss their medications on a regular basis. Other issues were discussed. Residents told the inspector that they could bring issues to the residents' meetings and felt that action would be taken to resolve any issues identified.

Residents are registered to vote and voting is facilitated in house for those who do not wish to go out to vote.

**Outcome 17**

*Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.*

**References:**

- Regulation 7: Residents' Personal Property and Possessions
- Regulation 13: Clothing
- Standard 4: Privacy and Dignity
- Standard 17: Autonomy and Independence

**Action(s) required from previous inspection:**

No actions were required from the previous inspection.

**Inspection findings**

Inspectors saw, and residents confirmed, that they were encouraged to personalise their rooms. Residents' bedrooms were comfortable and many were much personalised with residents' own furniture, pictures and photos. Plenty of storage space was provided for clothing and belongings and lockable space was also provided. All bedrooms now have an en suite shower and toilet facility, again with plenty of storage space for toiletries.

The system in place for managing residents' clothing was effective. Following residents' agreement all clothing was discreetly marked on admission. This helped to ensure clothing from the laundry was returned to the right resident. The new laundry was well organised and was staffed to meet the needs of the residents. Residents stated that they were happy with the way their clothing and personal belongings were managed in the centre.

**Theme: Workforce**

*The workforce providing a health and social care and support service consists of all the people who work in, for, or with the service provider and they are all integral to the delivery of a high quality, person-centred and safe service. Service providers must be able to assure the public, service users and their workforce that everyone working in the service is contributing to a high quality safe service.*

**Outcome 18**

*There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.*

**References:**

Regulation 16: Staffing  
Regulation 17: Training and Staff Development  
Regulation 18: Recruitment  
Regulation 34: Volunteers  
Standard 22: Recruitment  
Standard 23: Staffing Levels and Qualifications  
Standard 24: Training and Supervision

**Action(s) required from previous inspection:**

No actions were required from the previous inspection.

**Inspection findings**

Residents interviewed confirmed that residents and relatives found the staff to be hard working and caring. Inspectors observed interactions between staff, and between staff and residents/relatives. Inspectors noted that a culture of open communication existed within the centre. Low rates of staff turnover were evident in the centre. Minutes of staff meeting were seen by the inspectors and staff confirmed they could speak to the person in charge as required.

Training records viewed by the inspectors showed that a large increase in staff training had taken place since the last inspection and staff had receiving mandatory training in moving and handling, fire drill and evacuation, hand hygiene, and training in elder abuse and protection. The person in charge told the inspectors that other professional developmental training was being provided with dementia training, end-of-life training, wound management and falls management all booked to be held in the next number of months. Some of the nursing staff are trained in blood taking procedures and further nursing staff are undertaking the training soon. The pharmacist is also providing ongoing medication update training for the nursing staff.

Care staff training and education records reviewed by the inspectors confirmed that a number of care staff had achieved a Further Education and Training Award Council (FETAC) Level 5 award or above.

Inspectors saw, and staff confirmed, that the staff facilities were of a good standard with changing area, showers and dining facilities.

Substantial improvements were seen in staff files and recruitment procedures since the last inspection.

### **Closing the visit**

At the close of the inspection visit a feedback meeting was held with the providers, the person in charge, and the clinical nurse manager to report on the inspectors' findings, which highlighted both good practice and where improvements were needed.

### **Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, provider and staff during the inspection.

### ***Report compiled by:***

Caroline Connelly  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

1 May 2013

**Provider's response to inspection report \***

<b>Centre Name:</b>	Amberley Home and Retirement Cottages
<b>Centre ID:</b>	0189
<b>Date of inspection:</b>	23 April 2013 and 24 April 2013
<b>Date of response:</b>	17 May 2013

**Requirements**

These requirements set out the actions that must be taken to meet the requirements of the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

**Theme: Governance, Leadership and Management**

***Outcome 1: Statement of purpose and quality management***

**The provider is failing to comply with a regulatory requirement in the following respect:**

An updated statement of purpose and function is required to be forwarded to the Chief Inspector to include the extra bedrooms and facilities that are provided in the new extension and the increase in residents' number required for registration of the extension. It also needs to include an organisational structure and changes to the key senior management.

**Action required:**

Revise the statement of purpose so that it consists of all matters listed in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended). The statement of purpose is to be kept under review by the provider. Once updated, the statement of purpose must be submitted to the Chief Inspector.

\* The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

<b>Reference:</b> Health Act, 2007 Regulation 5: Statement of Purpose Standard 28: Purpose and Function	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  We are in the process of updating our new statement of purpose to amalgamate the existing building and the new extension, and to include all requested action plans and required information which will comply with Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).	31 June 2013

***Outcome 4: Records and documentation to be kept at a designated centre***

<p><b>The provider is failing to comply with a regulatory requirement in the following respect:</b></p> <p>The directory of residents was found to be missing a number of small details which included the sex of the resident, the address and telephone number of the GP and where the resident was admitted from.</p> <p>A number of operational policies and procedures required reviewing and updating.</p>
<p><b>Action required:</b></p> <p>Maintain the records listed under Schedule 3 (records in relation to residents) and Schedule 4 (general records) of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) in a manner so as to ensure completeness, accuracy and ease of retrieval.</p>
<p><b>Action required:</b></p> <p>Review all the written operational policies and procedures of the designated centre on or before the recommendation review date.</p>

<b>Reference:</b> Health Act, 2007 Regulation 21: Provision of Information to Residents Regulation 27: Operating Policies and Procedures Standard 1: Information Standard 29: Management Systems	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  We will continue our update of all the written operational policies and procedures to include all above details in order to be in complete compliance. We will also update our directory of residents to be in compliance with Schedule 3 (records in relation to residents) and Schedule 4 (general records) of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) to ensure completeness, accuracy and ease of retrieval.	1 August 2013

***Outcome 7: Health and safety and risk management***

<b>The provider is failing to comply with a regulatory requirement in the following respect:</b>  The inspectors identified that a risk assessment required completion for the back entrance in the extension which is a goods entrance for the kitchen. Kitchen deliveries are planned to come through residents area which could be a hazard for residents.  The emergency plan was very comprehensive for fire and other major emergencies but required updating to take into account action to be taken in the event of the kitchen or laundry not being in operation.
<b>Action required:</b>  Take all reasonable measures to prevent accidents to any person in the designated centre and in the grounds of the designated centre including rectifying hazards identified on inspection.
<b>Action required:</b>  Update the emergency plan to contain the requirements of the regulations for all emergency situations.



<b>Reference:</b> Health Act, 2007 Regulation 32: Fire Precautions and Records Regulation 30: Health and Safety Regulation 31: Risk Management Procedures Standard 26: Health and Safety	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  We will complete our requested update of the emergency plan to contain all extra requirements requested. We will complete risk assessments as required and identify our action plan as needed.	1 August 2013

**Theme: Effective care and support**

***Outcome 11: Health and social care needs***

<b>The provider has failed or is failing to comply with a regulatory requirement in the following respect:</b>  There were a number of residents using seat belt restraint and bedrails and although there were assessments completed on the need for restraint there was little evidence seen of alternatives to restraint being used. The system for restraint release and giving the resident the chance for motion and position change at least on a two hourly basis was not sufficiently robust.
<b>Action required:</b>  The person in charge is to review the policy and practice and aim towards a restraint-free environment for all residents. If restraint is to be used as a last resort the centre is to follow strict best practice guidelines and maintain a record of the nature of the restraint and its duration.
<b>Reference:</b> Health Act, 2007 Regulation 25: Medical Records Standard 21: Responding to Behaviour that is Challenging

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>Amberley Home and Retirement Cottages strives to provide a restraint free environment and we will continue to assess and review the use of restraints and follow best practise guidelines and maintain records to reflect our dedication to restraint free environment for all our residents.</p>	<p>1 August 2013</p>

***Amberley management and staff would like to thank Caroline and her team for her time and her advice and guidance during the inspection.***