

**Health Information and Quality Authority  
Regulation Directorate**

**Compliance Monitoring Inspection report  
Designated Centres under Health Act 2007,  
as amended**



<b>Centre name:</b>	Amberley Home and Retirement Cottages
<b>Centre ID:</b>	OSV-0000189
<b>Centre address:</b>	Acres, Fermoy, Cork.
<b>Telephone number:</b>	025 40 900
<b>Email address:</b>	info@amberleyhome.ie
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Amber Health Care Limited
<b>Provider Nominee:</b>	Gerry Condon
<b>Lead inspector:</b>	Caroline Connelly
<b>Support inspector(s):</b>	Michelle O'Connor
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	70
<b>Number of vacancies on the date of inspection:</b>	0

## **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 his/her 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
- to carry out thematic inspections in respect of specific outcomes
- 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 wellbeing 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. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

**Compliance 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

**The inspection took place over the following dates and times**

From:	To:
11 September 2017 09:00	11 September 2017 17:45
12 September 2017 08:45	12 September 2017 17:00

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

<b>Outcome</b>	<b>Our Judgment</b>
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Compliant
Outcome 03: Information for residents	Substantially Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Compliant
Outcome 06: Absence of the Person in charge	Compliant
Outcome 07: Safeguarding and Safety	Substantially Compliant
Outcome 08: Health and Safety and Risk Management	Substantially Compliant
Outcome 09: Medication Management	Compliant
Outcome 10: Notification of Incidents	Non Compliant - Moderate
Outcome 11: Health and Social Care Needs	Compliant
Outcome 12: Safe and Suitable Premises	Substantially Compliant
Outcome 13: Complaints procedures	Compliant
Outcome 14: End of Life Care	Compliant
Outcome 15: Food and Nutrition	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Compliant
Outcome 17: Residents' clothing and personal property and possessions	Compliant
Outcome 18: Suitable Staffing	Compliant

**Summary of findings from this inspection**

This report sets out the findings of an announced registration renewal inspection. This was the tenth inspection of Amberley Nursing Home by the Health Information and Quality Authority's Regulation Directorate. The providers had applied to renew their registration which is due to expire on 23 February 2018. They have also applied to increase the number of beds registered from 70 to 71 as a day room had been converted to a single en-suite bedroom. As part of the inspection the inspectors met

with the person in charge, the provider nominee, residents, relatives, the Clinical Nurse Manager (CNM) the administrator, the physiotherapist, chiropodist and numerous staff members. The inspector observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files.

The person in charge and CNM were both new to the service since the last inspection. The person in charge had attended the HIQA offices for an interview in 2016. The provider nominee had also changed and interviews were conducted with the new provider nominee and CNM during the inspection. They all displayed a good knowledge of the standards and regulatory requirements and were found to be committed to providing quality person-centered care to the residents. They were proactive in response to the actions required from the previous inspection and the inspectors viewed a number of improvements throughout the inspection which are discussed throughout the report.

A number of questionnaires were received from residents and relatives and the inspector spoke to many residents and relatives throughout the inspection. The collective feedback from residents and relatives was one of great satisfaction with the service and care provided. Residents and relatives described Amberley as a "home from home", "exceeded our expectations", providing a "relaxing and supportive environment" and staff as "pleasant, efficient and courteous". Family involvement was encouraged with relatives and residents stating they are welcomed at any time. The inspectors saw numerous visitors in and out of the centre during the two day inspection. The inspectors found the premises; fittings and equipment were clean and very well maintained. There was a high standard of décor throughout.

There was evidence of individual residents' needs being met and the staff supported residents to maintain their independence where possible. Resident's health and social care needs were met. Residents had comprehensive access to (GP) services, to a range of other health services, and the nursing care provided was evidence-based. Residents could exercise choice in their daily life and were consulted on an ongoing basis. Residents could practice their religious beliefs. In summary, the inspectors were satisfied that the centre was operating in compliance with the current conditions of registration granted to the centre.

The inspector identified some aspects of the service requiring improvement to enhance the findings of good practice on this inspection. These are discussed under the outcome statements. The related actions are set out in the Action Plan under the relevant outcome which included issues with signage, notifications, health and safety, contracts of care and residents finances.

These improvements are required to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Standards for Residential Care Settings for Older People in Ireland 2016. The provider was required to complete an action plan to address these areas.

**Compliance with Section 41(1)(c) of the Health Act 2007 and 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.**

***Outcome 01: Statement of Purpose***

***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.***

**Theme:**

Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

A detailed Statement of Purpose was available to both staff and residents at reception. This contained a statement of the designated centre's vision, mission and values. It accurately described the facilities and services available to residents, and the size and layout of the premises. Amberley Home and Retirement Cottages caters for dependent persons over the age of 18, providing long-term residential care, including care for residents with cognitive impairment, dementia, respite, convalescence, and early hospital discharge. The main objective of Amberley is to ensure the continued delivery of high quality, consistent person-centred care to all residents.

The statement of purpose included the registration date, expiry date and the conditions attached by the Chief Inspector to the designated centre's registration under Section 50 of the Health Act 2007 and were found to meet the requirements of legislation.

**Judgment:**

Compliant

***Outcome 02: Governance and Management***

***The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.***

**Theme:**

Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

The inspectors found that there was a clearly defined management structure which outlined the lines of authority and accountability for the centre. The person in charge and CNM were both new to the service since the last inspection. The person in charge had attended the HIQA offices for an interview in 2016. The provider nominee had also changed in recent weeks and interviews were conducted with the new provider nominee and CNM during the inspection. They all displayed a good knowledge of the standards and regulatory requirements and were found to be committed to providing quality person-centered care to the residents. They were proactive in response to the actions required from the previous inspection and the inspectors viewed a number of improvements throughout the inspection which are discussed throughout the report.

The person in charge and management team reported to the provider nominee through structured weekly management meetings and the provider nominee was also available in the centre on a regular basis for informal consultation. The weekly management meetings were also attended by the operations manager, CNM and key senior management. All areas of the running of the centre were discussed and included issues such as accidents and incidents, staffing levels, ongoing maintenance and budgetary matters.

There were two senior nurses appointed since the previous inspection who had responsibility for specific units of the centre. There was always a senior nurse or CNM on duty at the weekend therefore providing managerial cover seven days per week. The person in charge had put in place a system of clearly identifying roles and responsibilities for all staff. There was a comprehensive daily allocations list which clearly identified staffs area of responsibilities throughout the day. Staff who spoke to inspectors expressed satisfaction with this system and said it ensured all aspects of care for the residents were fulfilled.

The management team and staff demonstrated a commitment to continual improvement and quality assurance. There was evidence of quality improvement strategies and monitoring of the services. There was a comprehensive schedule of monthly audits in place and the inspectors reviewed audits completed by the management team on a regular basis. Data was being collected on a number of key quality indicators such as medication management, accidents and incidents, infection control, and incidence of pressure ulcers. There was evidence of actions taken as the result the audits. The audit process included consultation with residents and relatives through residents' and relatives' forums. These will be discussed in more detail in Outcome 16 of this report. Audits had been carried out on issues such as health and safety, medication management and residents' care plans, wound care, restraint and where an audit identified required improvements, there was an associated action plan specifying the person responsible and time lines for completion.

The provider had commissioned an external company to undertake an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by HIQA under section 8 of

the Act. The annual review was very comprehensive and outlined high levels of compliance with the standards and areas for further service developments. The inspectors saw that an action plan was put in place following the review and issues identified for improvement had been actioned and completed. Overall the inspectors were satisfied that the quality of care is monitored and developed on an ongoing basis and that the action taken in response to findings or trends identified resulted in improvements in service delivery and enhanced outcomes for residents.

**Judgment:**

Compliant

***Outcome 03: Information for residents***

***A guide in respect of the centre is available to residents. 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.***

**Theme:**

Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

A guide to the centre was available at reception and in all residents' rooms. It was designed to complement the Statement of Purpose and contained all information set out in Regulation 20 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. The residents' guide described residents' rights, responsibilities, governance and management of the centre, care provided, services, facilities, complaints, advocacy, visiting arrangements, inspections, contracts of care and the activity schedule.

The residents' contracts of care were viewed by the inspectors. The inspectors found that contracts had been signed by the residents/relatives and found that the contract outlined all of the services and responsibilities of the provider to the resident and the fees to be paid. The contracts also detailed what was included and not included in the fee. There was an additional weekly set charge for the social programmes which included visiting musicians, therapies, exercise class with physiotherapist, some trips out and toiletries outlined in the contract of care. However this stated two different fee's and there was no explanation as why there was a difference in that fee. The provider nominee said it was to do with the room that was occupied however this was not outlined nor was it clear from the contract if this additional fee would apply if a resident changed rooms.

**Judgment:**

Substantially Compliant

**Outcome 04: Suitable Person in Charge**

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

**Theme:**

Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

The person in charge was new to her role since the last inspection and underwent an interview with the inspector in the HIQA office in 2016. The person in charge displayed a good knowledge of the standards and regulatory requirements and was found to be committed to providing quality person-centred care to the residents.

The inspectors interacted with the person in charge throughout the inspection process. There was evidence that the person in charge was engaged in the governance, operational management and administration of the centre on a day-to-day basis. The inspectors were satisfied that she was a registered nurse, was suitably qualified and had a minimum of three years experience in nursing of the older person within the previous six years, as required by the regulations.

Staff, residents and relatives all identified her as the person who had responsibility and accountability for the service and said she was very approachable and were confident that all issues raised would be managed effectively.

**Judgment:**

Compliant

**Outcome 05: Documentation to be kept at a designated centre**

***The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 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 2013.***

**Theme:**

Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

Inspectors found that the designated centre had all of the written operational policies as required by Schedules 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. Policies were centre specific, comprehensive and referenced the latest national policy, guidance and published research. These policies were available on all units and signed off as reviewed by staff.

Inspectors saw that all records were securely stored and easily retrievable. Residents' records were held for a period of not less than seven years and destroyed thereafter. Evidence was also seen that the centre was adequately insured against injury to residents and loss or damage to residents' property.

A Directory of Residents was established under Regulation 19 and contained all relevant information required in Schedule 3.

Inspectors reviewed a sample of staff files and found that while the requirements of Schedule 2 had been met, some correspondence, reports and records of disciplinary action were held separately to individual staff files.

The inspector was satisfied that the records listed in the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. Overall records were seen to be maintained and stored in line with best practice and legislative requirements.

**Judgment:**

Compliant

***Outcome 06: Absence of the Person in charge***

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

**Theme:**

Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

There had been a change of person in charge since the last inspection and the provider was aware of the responsibility to notify HIQA. Notification was received of the absence and of the appointment of the new person in charge.

Suitable deputising arrangements were in place to cover for the absence of the person

in charge. The CNM was in charge when the person in charge is on leave. The inspectors met and interviewed the CNM throughout the inspection and she demonstrated a good awareness of the legislative requirements and her responsibilities under the Health Act.

**Judgment:**  
Compliant

***Outcome 07: Safeguarding and Safety***  
***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. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.***

**Theme:**  
Safe care and support

**Outstanding requirement(s) from previous inspection(s):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

Inspectors were satisfied with the measures in place to safeguard residents and protect them from abuse. Inspectors reviewed the centre's policy on suspected or actual abuse which had been updated since the previous inspection. Inspectors reviewed staff training records and saw evidence that staff had received up to date mandatory training on detection and prevention of elder abuse. Staff interviewed were familiar with the policy and knew what to do in the event of an allegation, suspicion or disclosure of abuse, including who to report incidents to.

Inspectors reviewed the systems in place to safeguard resident's finances which included a review of a sample of records of monies handed in for safekeeping. The inspectors were satisfied that adequate records were maintained of monies handed in for safekeeping. Each financial transaction which involved the receipt or return of monies was signed by the resident where possible and was countersigned by two staff. The provider was a pension agent for a number of residents and a sample of records viewed indicated records of financial transactions. However these residents did not have personal bank accounts and the inspector saw that their pensions were being paid into the nursing home account and not into a separate resident account. Payment for residents care was deducted and the remaining money was returned to the resident but this was often on a monthly basis. Inspectors saw clear records of the return of this money. The department of social protection requires that the full amount must be paid to the resident before any deductions can be made. It requires that the balance of payment is to be lodged to an interest bearing account for the resident. It also requires that there should be clear separation between the residents account and that of the service. The provider assured the inspector that they would look to open separate accounts for the residents.

There was a policy on responsive behaviour and staff were provided with training in the centre on behaviours that challenge which was confirmed by staff and training records. There was evidence that residents who presented with responsive behaviour were reviewed by their GP and referred to psychiatry of old age or other professionals for full review and follow up as required. The inspectors saw evidence of positive behavioural strategies and practices implemented to prevent responsive behaviours. The records of residents who presented with responsive behaviours were reviewed by the inspectors who found that these were managed in a very dignified and person-centred way by the staff using effective de-escalation methods as outlined in residents' care plans.

There was a policy on restraint and there was evidence that the use of restraint was in line with national policy. Where bedrails 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 restraint and there was evidence of regular checking of residents. There were 17 residents using bedrails at the time of the inspection which the person in charge said they were looking to try to reduce through further assessment and education. The inspectors saw that alternatives to restraint were in place such as low low beds, alarm and sensor mats demonstrating efforts were in place to reduce restraint usage.

**Judgment:**

Substantially Compliant

***Outcome 08: Health and Safety and Risk Management  
The health and safety of residents, visitors and staff is promoted and protected.***

**Theme:**

Safe care and support

**Outstanding requirement(s) from previous inspection(s):**

Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**

During the last inspection, inspectors did not find evidence of learning from fire drills. Documentary evidence was available during the current inspection, that fire drills were conducted every two months, involving both day and night-time staff. Actions taken and learning was recorded. However, response and evacuation times had not been logged. Individual risk assessments for residents that smoked had also not been completed during the previous inspection. This had been rectified and smoking risk assessments were maintained at reception and in a risk register. This included a system for ongoing review which identified the safe level of access to cigarettes and lighters for residents that smoked, and the level of supervision required when smoking.

During this inspection, inspectors saw that policies and procedures relating to health and

safety were available and there was an up-to-date health and safety statement. This included hazard identification, risk assessment, site audits, accident reporting, training and employee handbook details. The risk management policy included all of the items set out in regulation 26(1). An emergency response plan contained instructions for how to respond to major incidents likely to cause death or injury, serious disruption to essential services or damage to property.

Risks were assessed using the likelihood by severity risk assessment system which indicated the risk level and timetable required to eliminate or reduce risk to an acceptable level. An environmental risk register was updated annually while an organisational and in-house register was updated on an on-going basis. However, some risk assessments were found to have no review or completion dates. Quarterly hazard safety audits took place which checked issues such as access, egress, fire hazards, slips, trips, falls and manual handling. Results were discussed during 'Health and Safety' management meetings and recommended follow-up actions were seen to be implemented.

An incident log was maintained by staff in the centre. Most slips, trips and falls were recorded electronically and included an event description, injury definition, time and date, possible contributing factors, outcomes and updates. Recommended actions such as referrals, risk assessments, care plan reviews or an increased frequency of checks by staff were implemented in resident records. Accidents and incidents were audited on a monthly basis to ensure learning by staff from events or near misses, to improve the quality of care and safety in the home. Falls were categorised with respect to whether they were witnessed, location, timing and the level of harm sustained. Staff were encouraged to be vigilant, implement falls risk management strategies, update care plans, and oversee the correct use of footwear and walking aids.

Inspectors found suitable fire equipment was available throughout the centre and that bedding and furnishings were made of fire retardant material. Fire evacuation maps and procedures were prominently displayed. Personal Emergency Evacuation Plans (PEEPs) were available for all residents. The name of the fire warden on duty for a particular day was displayed at reception. All staff had participated in mandatory annual fire training and staff spoken to were clear on their role in the event of a fire. A manual call point was tested on a weekly basis, followed by an inspection of door release mechanisms and the fire panel. A fire register was available at reception which included in-house tests carried out.

Policies and procedures on infection control were consistent with national guidelines, including the safe handling and disposal of clinical waste, dealing with spillages, the provision of protective clothing, hand washing and cleaning of equipment in order to prevent cross infection. Housekeepers used a clear colour coded cleaning system and different detergents for different areas. Alcohol rub and hand washing facilities were present throughout the centre, in addition to awareness raising posters on the importance of hand hygiene. Separate hand wash sinks were available in areas where infected material or clinical waste was handled. Additional precautions were taken with residents who were Methicillin-resistant Staphylococcus aureus (MRSA) positive and the use of personal protective equipment was emphasised in staff meeting minutes.

**Judgment:**

Substantially Compliant

***Outcome 09: Medication Management***

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

**Theme:**

Safe care and support

**Outstanding requirement(s) from previous inspection(s):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

There was a centre-specific up-to-date medication management policy detailing procedures for safe ordering, prescribing, storing and administration of medicines and handling and disposal of unused or out-of-date medicines. Nursing staff with whom the inspector spoke demonstrated best practice regarding administration of medicines. Photographic identification was in place for all residents as part of their prescription/drug administration record chart. Controlled drugs were maintained in line with best practice professional guidelines. Medication trolleys were securely maintained within the locked nurses' offices. A nurses' signature sheet was in place as described in professional guidelines.

Since the previous inspection a new controlled monitoring dosage system had been implemented in the centre including a new prescription and administration record. This new system was seen to be more robust and much clearer, safer and easier to use as reported by the nurses administering the medications. A review of residents' prescription sheets showed photographic and all other required information was completed. Medications that required crushing were seen to be prescribed as such and signed by the GP. As required medications stated frequency of dose therefore ensuring there was a maximum dose in 24 hours that could not be exceeded.

Medication management audits were completed on a regular basis by the pharmacist and these were evidenced during the inspection. Medication reviews were completed at three monthly intervals and this was evidenced on residents' prescriptions. The pharmacist attended the centre on a regular basis to do a complete review of residents' medication management as well as education sessions with staff. The pharmacist also attended relative meetings and met with the residents to discuss their individual medications. Medication competency assessments were completed by the person in charge and CNM on nursing staff and inspectors saw evidence of same. Other medication management audits were in place. Medication errors were recorded and appropriate action included updated training was taken following same. Nursing staff undertook regular updates in medication management training as evidenced by training records.

**Judgment:**

Compliant

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***Outcome 10: Notification of Incidents***  
***A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.***

**Theme:**  
Safe care and support

**Outstanding requirement(s) from previous inspection(s):**  
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**  
During the previous inspection, inspectors found that not all incidents set out in paragraphs 7(1)(a) to (j) of Schedule 4 had been notified to the Chief inspector within three working days, as required.  
During the current inspection, inspectors saw that while a record of incidents and accidents occurring in the designated centre was maintained, and quarterly reports were submitted to the Authority. However, one serious incident had not been reported. This incident involved an allegation of staff misconduct. A detailed investigation had been conducted. The staff involved had since resigned and the investigation process had not reached a conclusion because of the resignation.

**Judgment:**  
Non Compliant - Moderate

***Outcome 11: Health and Social Care Needs***  
***Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. 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.***

**Theme:**  
Effective care and support

**Outstanding requirement(s) from previous inspection(s):**  
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**  
There were a number of different General Practitioner (GP) practices providing a service to the residents and they visited on a regular basis. Residents' health status was reviewed regularly, at least every three months, by the GP including their medication. Full medical and nursing records were seen by inspectors, residents received regular

checks of their weight, blood pressure and pulse.

Residents' additional healthcare needs were met. Physiotherapy services were available twice per week providing one to one sessions and group exercise sessions. If additional physiotherapy is required this is paid for privately. The inspectors met the physiotherapist during the inspection and observed the group and one to one sessions which residents confirmed enjoyment of. The chiropodist visited weekly and saw all residents as required. The inspectors also met the chiropodist during the inspection who confirmed the provision of this service. Dietician, speech and language and tissue viability services were provided by professionals from a nutritional company who were also contactable by telephone for advice as required. All residents have regular nutritional screening and regular weight monitoring. All supplements were appropriately prescribed by a doctor.

Optical assessments were undertaken on residents in-house by an optician from an optical company. Audiology services were provided on a referral basis. Dental services were provided by a visiting dentist or by residents going out to visit their own dentist. Mental health services were provided by community psychiatric nurses who visited the centre. The inspectors were satisfied that facilities were in place so that each resident's well being and welfare was maintained by appropriate medical and allied health care. Residents, where possible, were encouraged to keep as independent as possible and inspectors observed residents moving freely around the corridors.

There was evidence of pre- admission assessments undertaken by the person in charge and residents generally had assessments completed on admission which included; dependency level, moving and handling, falls risk, pressure sore risk assessment, nutrition, and mental test score examination. These assessments were completed using validated tools and the inspectors saw these were up to date which was a great improvement from the last inspection where they were very out of date.

The person in charge and staff demonstrated an in-depth knowledge of the residents and their physical, social and psychological needs. This was reflected in the care plans seen by the inspectors. Since the previous inspection improvements in care planning was seen. Care plans viewed by the inspectors directed personalised care administered to residents. The care plans were found to be fully reflective of the assessed needs of the residents, were personalised and detailed residents likes, dislikes, and preferences and took into account residents' daily changing needs and choice. There was documentary evidence that the care plan had been discussed with the resident or relative as required and this discussion of care plans was confirmed by residents and relatives. Consent to treatment was documented. Nursing notes were completed on a daily basis.

Wound care was also looked at by the inspectors who found that on the previous inspection that a number of improvements were required. On this inspection the inspectors saw that improvements had been implemented. There was now regular scientific assessment of the wounds with photographs of same showing if the wound had improved or deteriorated. Wounds were referred for assessment to a tissue viability nurse who advised on treatment and appropriate dressings. Training on wound care had been provided however the inspectors recommend further training on tissue viability to

prevent the occurrences of pressure sores.

The 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. The inspectors were satisfied that facilities were in place so that each resident's wellbeing and welfare was maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care.

**Judgment:**

Compliant

***Outcome 12: Safe and Suitable Premises***

***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. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.***

**Theme:**

Effective care and support

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

Amberley Nursing Home was purpose built and opened in 2005. Access to the centre was through a secure locked entrance porch. This lead to a bright, busy, welcoming foyer and reception area, where residents could sit and enjoy tea or coffee, chat or watch TV. The centre provided good quality private accommodation and plenty of communal space for residents use. There were a number of sitting and dining rooms located throughout the building. The main dining room was very spacious with windows overlooking the garden. Tables were decorated with new table cloths and fresh flowers. The centre also offered an Oratory, two bathrooms, one with a hydrotherapy bath and a smoking room for residents use.

Residents' current private accommodation comprised of 62 single bedrooms and four twin bedrooms, all of which were en suite with shower, toilet and wash hand basin. The rooms were spacious, had adequate storage for personal property and possessions, and many were personalised with residents personal items. However the inspectors noted that a few rooms in the dementia specific unit would benefit from further personalisation to give a more homely feel. The centre was in a good state of repair and appeared to be very clean throughout. Residents had access to two enclosed, well-maintained gardens containing a number of garden benches. There was a functioning call bell system throughout the centre. The provider had applied to increase the number of beds registered from 70 to 71 as a day room had been converted to a single en-suite bedroom. The inspectors viewed this room during the inspection and saw it was bright,

freshly decorated, had a functioning call bell system and contained plenty of storage space. The room was found to meet the requirements of legislation.

The centre was subdivided into the East Wing, the West Wing and the Secure Unit. The units were spacious with wide corridors throughout, enabling residents to move freely around the centre. On previous inspections the inspectors identified that signage and visual cues required improvement to orient residents and to easily locate bedrooms, dining room and communal rooms. On the last inspection improvements were seen in the secure dementia unit when sign posts were painted on the walls along with other picturesque scenes. However signage in the other units continue to require improvements.

The Secure unit/dementia specific unit comprised nine single bedrooms, a sitting room and a dining room. Residents of the dementia unit had access to one of the secure garden areas. The unit had its own nurses office which was located so as to provide direct supervision of the residents, doors to the sitting room were held open by hold backs which were part of the fire system and closed when the fire alarm went off. The unit had been decorated with wall paintings adding colour and diversion including visual cues and landmarks to help orient residents.

Some residents reported feeling cold to inspectors. Heating was raised as an issue in resident and relative meetings and also highlighted in resident surveys. Staff also confirmed the centre could feel cold earlier in the morning and during the winter months. When this was highlighted to management they pointed out that thermostats could be adjusted in individual rooms and some residents preferred to leave windows open, creating a draft through the centre. They were keeping this under review and were adjusting the temperatures accordingly.

There was adequate assistive equipment 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 viewed by inspectors were found to be up to date. The kitchen was well equipped, clean, organised, with good food- hygiene practices in place. Kitchen staff had been trained in Hazard Analysis Critical Control Points (HACCP). The food-handling training records were seen by inspector.

**Judgment:**

Substantially Compliant

***Outcome 13: Complaints procedures***

***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.***

**Theme:**

Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

An effective and accessible complaints procedure was displayed in a prominent position near reception. This correlated with the complaints policy and information contained in the Statement of Purpose and Residents' Guide. The complaints officer was identified as the Director of Nursing. A second nominated person was identified to ensure all complaints were appropriately responded to, and the appeals process was clearly outlined.

A complaints log was maintained electronically and in hard copy. This included complaint details, acknowledgement of complaints within five days, interventions, investigations, action plans, learning, whether the complainant was satisfied and a conclusion. Investigations were completed within 30 days, otherwise a progress report was issued to the complainant. Complaints were audited as part of weekly Key Performance Indicator (KPI) reports and trends were reviewed at the end of the year. Inspectors saw evidence that monitoring of complaints had provided an opportunity for learning and improvement. One individual complaint led to a new system of recording and replacing fresh water jugs and glasses in bedrooms on a daily basis. An identified pattern of complaints with respect to laundered clothing, led to procedural change, which residents and relatives were happy with on follow up.

**Judgment:**

Compliant

***Outcome 14: End of Life Care***

***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.***

**Theme:**

Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

The policy on end of life was viewed by the inspectors and found to be comprehensive and directed staff to give a high standard of evidence-based appropriate care to residents and their relatives at any stage of end-of-life care from a practical, emotional and spiritual perspective.

The inspectors observed, and residents and relatives reported, that residents' religious and spiritual needs were well provided for. A rosary was said each day, communion was administered twice a week and mass was held twice a month in the designated centre and residents confirmed their enjoyment of these. Residents from other religious

denominations were visited by their minister as required.

Residents who spoke with the inspector relayed positive feedback with regard to their care, access to the staff and their freedom to speak with the person in charge and staff regarding any issue. Evidence was demonstrated to show that planning of care was done in consultation with the resident and/or their next-of-kin and some residents had signed their own care plans. End of life wishes were discussed and were recorded. The sample of care plans viewed showed that residents' wishes were comprehensively recorded by the nurse. End-of-life care wished were also discussed with the GP and recorded in the residents' medical notes. Referrals to specialist services were evidenced. Residents had access to palliative care services based in the nearby hospice. Notes reviewed demonstrated that residents were reviewed in-house, had timely access, interventions and follow-ups from this service 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 at end of life stage. The oratory was available if residents families wished to use it for a service or removal for their deceased relative and the person in charge confirmed this takes place an infrequent basis.

**Judgment:**

Compliant

***Outcome 15: Food and Nutrition***

***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.***

**Theme:**

Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

Inspectors were satisfied that each resident was provided with nutritious and wholesome fresh food and drink at times and in quantities adequate to their needs. Menus were prepared each week by the head chef. Food supplies were sourced locally and received twice a week, negating the need to freeze fresh food. Food orders were placed each day for the following day and residents were offered a choice of meals for lunch and supper. Notice boards displayed daily menus with food allergen information. Supplementary information was available in additional folders.

Residents were offered a choice of whether to take their meals in their bedroom or the

dining room. Amberley had three dining rooms. One dining room was located in the dementia unit and a second dining room in the East wing was allocated to resident's who required some assistance with meals. Staff were seen to sit with these residents, and offered assistance in a discreet and sensitive manner. One relative complimented staff for the patience and time taken to facilitate their relative to eat and drink as independently as possible.

Most residents availed of the larger dining room located off the foyer, to which the kitchen was adjoined. Mealtimes presented an opportunity for staff and residents to socialise. Inspectors sat with residents who confirmed they were happy with the quality, quantity and pace of the dining experience. They said that the chef often attended residents' meetings and this presented an opportunity to make additional requests. A refreshment trolley serviced communal areas and private bedrooms throughout the day. Water jugs and glasses were replaced each morning, and the water change was confirmed by a different daily colour coded label. A water fountain was also accessible in the main dining area.

Inspectors spoke with the head chef who explained the layout of the kitchen and food safety precautions in place. The dry goods store was well stocked. Cold rooms and freezers were available. There was a separate meat preparation and gluten-free area, fire equipment and hand washing facilities. Food deliveries were labelled respecting ingredients and dates. The chef was assisted by two kitchen staff. Additional staff were allocated as dining room assistants to mitigate the risk of cross contamination. A daily deep clean schedule was seen and there was a good standard of cleanliness.

The 'Malnutrition Universal Screening Tool' ('MUST') was used for residents on admission. Weights were recorded monthly for all residents and upon readmission from hospital. Oral cavity assessments also took place and a local dentist visited the centre on a monthly basis. Nutritional care plans were available for some residents, which described the level of assistance required. Supplements were recommended by the dietician or prescribed by the GP and recorded on a resident's drug kardex. Residents who were MUST 1 were weighed fortnightly and those who were MUST 2 and above were weighed weekly. Dietician referrals depended on MUST scores and at risk residents were also referred to a Speech and Language Therapist (SALT) on a monthly basis. Special diet recommendations and changes to diet or fluid consistencies were communicated to nurses, who updated resident records and informed kitchen staff through a communication diary, meal order lists, white boards and verbally. Nutritional status statistics were also monitored in monthly audits by management.

**Judgment:**

Compliant

***Outcome 16: Residents' Rights, Dignity and Consultation  
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. Each resident has opportunities to participate in meaningful***

***activities, appropriate to his or her interests and preferences.***

**Theme:**

Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

Feedback from questionnaires distributed prior to the inspection, and interviews with residents and relatives during the inspection, confirmed that residents and relatives were generally happy with facilities and staff in the centre. Residents and relatives described Amberley as a "home from home", "exceeded our expectations", providing a "relaxing and supportive environment" and staff as "pleasant, efficient and courteous".

Management sought feedback from residents and relatives through annual surveys and a suggestion box was also placed at reception. Overall, there were high levels of satisfaction with how services were provided. Residents and relatives were also consulted on how the centre was planned and run through quarterly resident and relative meetings. Topics included GP access, tea/coffee making facilities, activities and laundry. Minutes of meetings were attached a notice board at reception. Requests had been followed up by management such as additional outdoor benches and new dayroom blinds.

Residents were facilitated to exercise their civil, political and religious rights. A secure ballot box, brought to the centre under Garda supervision, enabled residents to participate in the election process. Residents were kept informed of local and national events through the availability of newspapers, radio and television. A mobile library serviced the centre twice a month. There were visits by local groups including an active retirement group and men's club. An advocate attended the centre each week and chaired residents' meetings. A rosary was said each day, communion was administered twice a week and mass was held twice a month in the designated centre.

The centre employed three activities coordinators who engaged residents in daily activities such as bingo, Sonas, nail care, hand massage, sing along and arts and crafts. Other events included weekly bus outings during fine weather, Christmas shopping trips and performances by local musicians. The centre had organised 'Wild Encounters' with a visiting zoo in July, where residents were exposed to a mix of birds, reptiles and other animals. Amberley was also on a waiting list for therapy dogs. Residents chose whether or not to participate, and those who did, seemed to enjoy the experience.

An open visiting policy was in place at the centre and space was available for residents to receive visitors in private. Visitors were seen to come and go at all times throughout the two day inspection. Residents also had access to private telephones in their bedrooms.

Staff were seen to treat residents in a kind and respectful manner at all times and knocked before entering a resident's bedroom. Communication and cognition care plans

were available in resident's records, which highlighted any hearing or visual impairment and offered guidance to staff.

**Judgment:**

Compliant

***Outcome 17: Residents' clothing and personal property and possessions  
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.***

**Theme:**

Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

Locked storage space was provided for residents to store valuables as required.

The inspector saw, and residents confirmed, that residents were encouraged to personalise their rooms. Residents' bedrooms were generally comfortable and many were personalised with residents' own cushions, ornaments, pictures and photos. However as previously identified under outcome 12 premises further personalisation was required in some bedrooms. All bedrooms had plenty of storage space provided to residents for storage of their clothing and belongings.

There was a policy on residents' personal property and possessions and completed resident's property lists were seen to be in resident's notes.

The inspector visited the laundry where all personal clothing was laundered. The laundry staff had been trained in infection prevention and control and alginate bags were seen to be in use for any possible infected clothing. Clothes were discreetly marked and the inspector saw that care was taken with clothing to ensure they were ironed and returned to residents in good condition. Residents reported that clothes used to go missing but things had improved and generally did not go missing and were always returned to residents laundered and in a timely fashion. Management said they had put a closer monitoring system in place to prevent clothing going missing and this was working well at the moment.

**Judgment:**

Compliant

***Outcome 18: Suitable Staffing  
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. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.***

**Theme:**  
Workforce

**Outstanding requirement(s) from previous inspection(s):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

Residents and relatives spoke positively about staff and indicated that staff were caring, responsive to their needs and treated them with respect and dignity. Staff demonstrated a clear understanding of their role and responsibilities to ensure appropriate delegation, competence and supervision in the delivery of person-centred care to the residents.

During the previous inspection, inspectors required staffing levels to be kept under constant review, particularly in the evenings and at night. Based on current inspection findings, inspectors were satisfied that the centre had sufficient staff with appropriate skills, qualifications and experience to meet the assessed needs of residents and the size and layout of the designated centre during the day and at night. Additional staff were redistributed to deal with higher dependency residents during busy times or as the need arose. There was an actual and planned rota in place and a nurse was seen to be on duty at all times.

Inspectors viewed evidence that staff were recruited, selected and vetted in accordance with best recruitment practice and in line with the requirements of Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. All staff nurses had up-to-date registration with An Bord Altranais agus Cnáimhseachas na hÉireann. Volunteers were trained and supervised appropriate to their level of involvement in the centre.

Previously, gaps had been identified in staff training. Inspectors viewed evidence on this inspection that new staff underwent an induction training programme and probationary period. Mandatory annual training was up to date for all staff in fire safety, and medication management for nurses. Other training was provided every two years and included; elder abuse, dementia, infection control, falls management, food safety, health and safety awareness, end of life, food and nutrition, and responsive behaviour (how people with dementia or other conditions communicate or express their physical discomfort, or discomfort with their social or physical environment). Management also organised an education information matrix which involved monthly education sessions for staff on topics such as dementia, advocacy, nutrition, HIQA standards, elder abuse and restraint. An incentive scheme rewarded an 'Employee of the Month', to drive improvements in practice.

Management discussed relevant issues with all staff at general quarterly meetings. Topics included mobiles, housekeeping, call bells, infection control, laundry and resident related issues. Other meetings were arranged intermittently with specialised groups of staff such as nurses and housekeeping. Staff reported greater clarity with roles and responsibilities as nurses were allocated responsibilities for certain aspects of care such as infection control, dietician referrals, residents weights as well as other areas of clinical practice. The system of allocations was commended by staff as all staff report to being clearer on their roles and responsibilities.

**Judgment:**

Compliant

## Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

### **Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

### ***Report Compiled by:***

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

## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	Amberley Home and Retirement Cottages
<b>Centre ID:</b>	OSV-0000189
<b>Date of inspection:</b>	11/09/2017 and 12/09/2017
<b>Date of response:</b>	05/10/2017

### Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

### Outcome 03: Information for residents

#### Theme:

Governance, Leadership and Management

#### The Registered Provider is failing to comply with a regulatory requirement in the following respect:

There was an additional weekly set charge for the social programmes and toiletries outlined in the contract of care. However this stated two different fee's and there was no explanation as why there was a difference in that fee. The provider nominee said it was to do with the room that was occupied however this was not outlined nor was it clear from the contract if this additional fee would apply if a resident changed rooms.

<sup>1</sup> The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

**1. Action Required:**

Under Regulation 24(2)(d) you are required to: Ensure the agreement referred to in regulation 24 (1) includes details of any other service which the resident may choose to avail of but which is not included in the Nursing Homes Support Scheme or which the resident is not entitled to under any other health entitlement.

**Please state the actions you have taken or are planning to take:**

Management decided to review and change the contract of care to better reflect the different rates charged within the home. The contract of care shall also state the effect on the price charged (be it an increase or decrease) to the residents of moving between various rooms within the home.

**Proposed Timescale:** 31/01/2018

**Outcome 07: Safeguarding and Safety****Theme:**

Safe care and support

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

The system in place for the management of the finances of residents who the provider acted as a pension agent for was not sufficiently robust.

**2. Action Required:**

Under Regulation 08(1) you are required to: Take all reasonable measures to protect residents from abuse.

**Please state the actions you have taken or are planning to take:**

Management decided to open a separate sub account for the resident's pension.

**Proposed Timescale:** 30/11/2017

**Outcome 08: Health and Safety and Risk Management****Theme:**

Safe care and support

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

Fire drills were conducted every two months. However, response and evacuation times had not been recorded.

**3. Action Required:**

Under Regulation 28(1)(d) you are required to: Make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes,

location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.

**Please state the actions you have taken or are planning to take:**

Going forward Response and evacuation times will be recorded in the fire drill minutes.

**Proposed Timescale:** 14/09/2017

**Outcome 10: Notification of Incidents**

**Theme:**

Safe care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

A serious incident which involved allegation of staff misconduct had not been reported to the Chief Inspector.

**4. Action Required:**

Under Regulation 31(1) you are required to: Give notice to the chief inspector in writing of the occurrence of any incident set out in paragraphs 7(1)(a) to (j) of Schedule 4 within 3 working days of its occurrence.

**Please state the actions you have taken or are planning to take:**

Going forward all relevant notifiable incidents will be reported to the Chief inspector within the appropriate time frame.

**Proposed Timescale:** 12/09/2017

**Outcome 12: Safe and Suitable Premises**

**Theme:**

Effective care and support

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

Inspectors noted a lack of appropriate signage in the main section of the nursing home to guide residents.

CCTV signage was also an issue. While a policy was in place outlining the responsibilities and precautions taken by the provider in line with Data Protection Acts 1988 and 2003, many areas where CCTV was in use, did not display cautionary signage.

Some residents reported feeling cold to inspectors. Heating was raised as an issue in resident and relative meetings and also highlighted in resident surveys. Staff also confirmed the centre could feel cold earlier in the morning and during the winter months. When this was highlighted to management they pointed out that thermostats could be adjusted in individual rooms and some residents preferred to leave windows

open, creating a draft through the centre. Management assured inspectors they were keeping this under review and were adjusting the temperatures accordingly.

**5. Action Required:**

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

**Please state the actions you have taken or are planning to take:**

As requested further pictorial signage will be added to the text signage already contained in the building.

While generalized CCTV signage was located in the building we will enhance the CCTV notification by placing a sign in each room containing CCTV.

To overcome any temperature discrepancies in the building the management have instructed that thermometers being placed within the building and that these are to be checked at regular intervals and will adjust the temperature accordingly.

**Proposed Timescale:** 31/10/2017