

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Amberley Home and Retirement Cottages
Centre ID:	OSV-0000189
Centre address:	Acres, Fermoy, Cork.
Telephone number:	025 40 900
Email address:	info@amberleyhome.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Amber Health Care Limited
Lead inspector:	Caroline Connelly
Support inspector(s):	None
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	71
Number of vacancies on the date of inspection:	0

About Dementia Care Thematic Inspections

The purpose of regulation in relation to residential care of dependent Older Persons is to safeguard and ensure that the health, wellbeing and quality of life of residents is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer and more fulfilling lives. This provides assurances to the public, relatives and residents that a service meets the requirements of quality standards which are underpinned by regulations.

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care.

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 monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
16 January 2019 09:30	16 January 2019 17:45
17 January 2019 09:30	17 January 2019 15:45

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

Outcome	Provider's self assessment	Our Judgment
Outcome 01: Health and Social Care Needs	Compliance demonstrated	Substantially Compliant
Outcome 02: Safeguarding and Safety	Substantially Compliant	Substantially Compliant
Outcome 03: Residents' Rights, Dignity and Consultation	Compliance demonstrated	Compliant
Outcome 04: Complaints procedures	Compliance demonstrated	Substantially Compliant
Outcome 05: Suitable Staffing	Compliance demonstrated	Substantially Compliant
Outcome 06: Safe and Suitable Premises	Compliance demonstrated	Substantially Compliant

Summary of findings from this inspection

This inspection report sets out the findings of a thematic inspection which focused on specific outcomes relevant to dementia care.

As part of the thematic inspection process, providers were invited to attend information seminars given by the Authority. In addition, evidence-based guidance was developed to guide the providers on best practice in dementia care and the inspection process. Prior to the inspection, the person in charge completed the provider self-assessment and compared the service with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 as amended and the National Quality Standards for Residential Care Settings for Older People in Ireland.

During this inspection the inspector focused on the care of residents with a dementia in the centre. The inspection also considered progress on some findings following the last inspection carried out on in September 2017 to monitor progress on the actions required arising from that inspection. The person in charge was on leave and the Clinical Nurses Manager (CNM) deputised for her. The inspector met with residents, relatives, numerous staff members, the chiropodist, the general manager and the provider representative during the inspection. The inspector tracked the journey of a number of residents with dementia within the service, observed care practices and interactions between staff and residents who had dementia using a validated observation tool. The inspector also reviewed documentation such as care plans, medical records, staff files, relevant policies and the self assessment questionnaire.

The centre had a dementia specific unit which could accommodate nine residents, on the day of the inspection there were nine residents diagnosed with dementia living in the unit. There were also 28 residents in the rest of the centre with a formal diagnosis of dementia and a further seven residents with a degree of cognitive impairment. The inspector observed that many of the residents required a high level of assistance and monitoring due to the complexity of their individual needs but also observed that some residents functioned at high levels of independence. Overall, the inspector found the CNM, staff and management team were committed to providing a high quality service for residents with dementia.

The inspector found that residents' overall healthcare needs were met and they had access to appropriate medical and allied healthcare services. The quality of residents' lives was generally enhanced by the provision of a choice of interesting things for them to do during the day and an ethos of respect and dignity for residents was evident. Whilst there were some dementia specific activities such as Sonus the inspector did find during the inspection that there was a requirement for further dementia specific activities to enhance the social aspects of care in the centre particularly in the dementia specific unit. There was a new activity coordinator since the previous inspection and she was further developing and enhancing the activity programme. The inspector found that residents appeared to be very well cared for and residents and visitors gave positive feedback regarding most aspects of life and care in the centre.

The person in charge and provider had carried out on-going improvements to provide an environment where residents with dementia could flourish. The overall atmosphere was homely, comfortable and in keeping with the overall assessed needs of the residents who lived there. Bedrooms were seen to be more personalised since the previous inspection and in the dementia unit all bedrooms had pictures to assist residents find their room. Brightly coloured murals were on the wall in the unit further considerations could be given to areas of diversion and tactile boards to be in keeping with design principals of dementia. The inspector found the residents were enabled to move around as they wished and there were good walkways however easy access to a safe outdoors walkway was not as freely available. Signs and pictures had been used in the dementia specific unit to support residents to be orientated to where they were. Further consideration to signage was required in the main centre.

The previous person in charge had submitted a completed self assessment tool on dementia care to the Health Information and Quality Authority (HIQA) with relevant policies and procedures prior to the inspection. This was updated by the CNM who assessed the compliance level of the centre through the self assessment tool and the findings and judgments of inspector did generally concur with the centres' judgments on two outcomes but the other four the centre assessed as compliant and the inspector assessed as substantially compliant. Progress was made by the provider in implementing some of the required improvements identified on the inspections undertaken in September 2017, some of the findings at that time in relation to residents finances and signage were again evident on this inspection. These are discussed throughout the report and the action plan at the end of this report identifies areas where improvements are required to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centre's for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

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: Health and Social Care Needs

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

This outcome sets out the inspection findings relating to healthcare, assessments and care planning. The social care of residents with dementia is discussed in Outcome 3. There were a total of 71 residents in the centre on the days of this inspection, 23 residents has assessed maximum dependency needs, 12 had high dependency needs, 20 residents had medium dependency needs and 16 residents had low dependency needs. 37 residents had a formal diagnosis of dementia and a further seven residents had a degree of cognitive impairment.

There was evidence of timely access to health care services facilitated for all residents. General Practitioners (GP) visited regularly and were available in the evenings and out of hours and this was confirmed by residents. There were policies in place to ensure that relevant information was shared between providers and services for when the resident was admitted to, transferred or discharged from the centre. Access to health screening was made available to all eligible residents.

All referrals and appointments were recorded and blood tests were completed as per the GPs instructions. Nurses had received training in venepuncture and regularly took blood in the centre. A physiotherapist visited the centre twice weekly and was available more frequently if required. The chiropodist visited weekly and the inspector met the chiropodist during the inspection. An occupational therapist could also be accessed via the HSE. Inspectors also saw that residents had access to dental, optical, dietetic and speech & language services as required. Access to mental health services was from HSE and there was evidence of regular reviews by a specialist nurse and psychiatrist for residents that required same.

There was evidence of pre- admission assessments undertaken by the person in charge and or CNM. 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 were completed using validated tools. There was a comprehensive assessment of all activities of daily living and appropriate risk assessments were completed in the care plans reviewed by the

inspector. Care plans were maintained on an electronic system and there were facilities in the centre for care staff to update resident files after care was delivered. The inspector reviewed a number of care plans for residents and although some were seen to be person centred and reviewed at least three monthly, others required further personalisation particularly for residents with dementia. The inspector also saw "key to me" information and support plans that had been completed for residents in the dementia unit which included detailed information on residents likes, dislikes, hobbies and interests.

Good wound care management was evident in the centre and there was evidence that the tissue viability specialist nurse reviewed wound care on a regular basis.

The centre-specific policies on medication management were made available to the inspector. The policies included the ordering, receipt, administration, storage and disposal of medicines. The policies were comprehensive and evidence based. The policies were made available to nursing staff who demonstrated adequate knowledge of this document. Medicines for residents were supplied by a community pharmacy and residents had access to their pharmacy of choice. Records examined confirmed that the pharmacist was facilitated to meet his/her obligations as per guidance issued by the Pharmaceutical Society of Ireland. Medicines were stored in a locked cupboard or medication trolley. Medications requiring refrigeration were stored securely and appropriately. Medication administration was observed and the inspector found that the nursing staff did adhere to professional guidance issued by An Bord Altranais agus Cnáimhseachais and adopted a person-centred approach. Nursing staff with whom the inspector spoke demonstrated knowledge of the general principles and responsibilities of medication management. Staff reported and the inspector saw that no residents were self-administering medication at the time of inspection. A sample of medication prescription records was reviewed. Where medicines were to be administered in a modified form such as crushing, this was not individually prescribed by the prescriber on the prescription chart. The maximum dose for 'as required' medicines was specified by the prescriber.

The inspectors saw that there were generally suitable arrangements in place to meet residents end of life needs including the needs of residents with dementia. The community palliative care team were available to provide care, support and advice. A number of staff had undertaken end of life training and specialist palliative care training. Care plans viewed for end of life wishes were seen to be generally generic and did not fully address the residents wishes. Discussions around wishes around transfer to hospital or remaining in the centre at end of life stage were not generally documented which could mean unnecessary transfer to hospital particularly at night time. Further involvement of residents and relatives at end of life of life care planning is recommended to ensure the wishes of residents with dementia are fully reflected.

There were systems in place to ensure residents' nutritional needs were met, and that the residents received adequate nutrition and hydration. Residents were screened for nutritional risk on admission and reviewed regularly thereafter. Residents' weights were checked on a monthly basis and more frequently if evidence of unintentional weight loss was observed. Residents were provided with a choice of nutritious meals at mealtimes and all residents spoken to were very complimentary about the food provided. There was an effective system of communication between nursing and catering staff to

support residents with special dietary requirements. Mealtimes in the dining rooms was observed by the inspector to be a social occasion. Staff sat with residents while providing encouragement or assistance with their meal. Nursing staff told the inspector that if there was a change in a resident's weight, nursing staff would reassess the resident, inform the GP and referrals would be made to the dietician and speech and language therapy (SALT). Files reviewed by the inspector confirmed this to be the case. Nutritional supplements were administered as prescribed. All staff were aware of residents who required specialised diets or modified diets and were knowledgeable regarding the recommendations of the dietician and SALT.

Judgment:

Substantially Compliant

Outcome 02: Safeguarding and Safety

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:

The centre had general measures in place to safeguard residents and protect them from abuse. There were policies and procedures in place for the prevention, detection and response to abuse. The inspector spoke with a number of staff who confirmed they had received training in adult protection and safeguarding. They were able to answer questions satisfactorily about what constitutes abuse and what to do in the event of an allegation, suspicion or disclosure of abuse, including who to report incidents to. Residents indicated that they could speak to a number of staff if they had any concerns and confirmed that they felt they were well looked after at the centre.

Staff training records indicated there was a commitment to ongoing training on safeguarding. Training records indicated that staff had received training in adult protection and safeguarding and this was provided on a regular basis. The inspector 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 inspector was 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. As identified on the previous inspection the provider was a pension agent for a small number of residents and a sample of records viewed indicated records of financial transactions. However although efforts were made to open individual accounts for these residents this had proven difficult to do. The resident's pensions were still 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 opening a separate pension sub account 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 inspector 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 generally 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 19 residents using bedrails at the time of the inspection which was an increase from the previous inspection. The CNM said they were looking to try to reduce their usage through further assessment and education. The inspector saw that some alternatives to restraint were in place such as low low beds, alarm and sensor mats demonstrating efforts were in place to reduce restraint usage and further action is required.

Judgment:

Substantially Compliant

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

Residents' religious preferences are facilitated through regular visits by clergy to the centre with mass held on a minimum once a month and the administration of sacrament of the sick. Residents were facilitated to exercise their civil, political and religious rights. Inspectors were told that residents were enabled to vote in national referenda and elections as the centre registered to enable polling. Inspectors observed that residents'

choice was respected and control over their daily life was facilitated in terms of times of rising /returning to bed and whether they wished to stay in their room or spend time with others in the communal room. 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, meals and menus, activities, outings and laundry. Requests had generally been followed up by management.

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. Respect for privacy and dignity was evidenced throughout both days of inspection. Staff were observed to knock on doors and get permission before entering bedrooms. Screening was provided in twin bedrooms to protect the residents privacy. Staff were observed communicating appropriately with residents who were cognitively impaired as well as those who did not have a cognitive impairment. Effective communication techniques were documented and evidenced in some residents care plans. Residents were treated with respect. The inspector heard staff addressing residents by their preferred names and speaking in a clear, respectful and courteous manner. Staff paid particular attention to residents' appearance, dress and personal hygiene and were observed to be caring towards the residents. Residents choose what they liked to wear where possible. The hairdresser visited weekly and there was a hairdressing saloon available where residents could relax.

Numerous visitors were observed throughout both days of inspection where staff members knew the names of visitors and vice versa. Staff took time to talk with family members both when they visited and when they rang to enquire about their relative. Visitors told the inspector that they were always made welcome and that there were plenty of areas in the centre to visit in private if they wished to. They said that if they any concerns they could identify them to the staff and were assured they would be resolved.

The centre employed one main activities coordinator who was new to the role since the previous inspection and two further staff were in place to ensure the social care needs of residents were met. The centre had an extensive programme of activities on display and the inspector saw some different activities taking place during the inspection from small group activities to large music sessions in both the main units and dementia specific unit. As part of the inspection, the inspector spent periods of time observing staff interactions with residents. The inspector used a validated observational tool (the quality of interactions schedule, or QUIS) to rate and record at five minute intervals. Inspector spent time observing interactions during the morning, prior to, and after lunch and in the afternoon. These observations took place in the communal room in the main house and in the dementia specific unit. Overall, observations of the quality of interactions between residents and staff for a selected period of time indicated that the majority of interactions were of a positive nature with good interactions seen between staff and residents. Other events included weekly bus outings during fine

weather, Christmas shopping trips and performances by local musicians. The centre had organised trips to the cinema and to see local shows which residents were very complimentary about. Residents chose whether or not to participate, and those who did, seemed to enjoy the experience. Further dementia specific activities and dementia therapies would prove beneficial.

Judgment:

Compliant

Outcome 04: Complaints procedures

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

There was an accessible complaints procedure displayed in a prominent position near reception. 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. However the complaints policy differentiated between formal and informal complaints saying that informal complaints could be just documented in resident's notes and formal complaints in the complaints log. The regulations do not differentiate between formal and informal complaints and require that all complaints are documented in addition to residents records.

A complaints log was maintained electronically and in hard copy. This included only one complaint since the previous inspection in 2017. The complaint did contain details of the complaint, interventions, investigations, action plans, learning, whether the complainant was satisfied. Complaints were audited as part of weekly Key Performance Indicator (KPI) reports and trends were reviewed at the end of the year.

Judgment:

Substantially Compliant

Outcome 05: Suitable Staffing

Theme:

Workforce

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

No actions were required from the previous inspection.

Findings:

Residents and relatives spoke very positively of staff and indicated that staff were caring, responsive to their needs and treated them with respect and dignity. This was seen by the inspector throughout the inspection in the dignified and caring manner in which staff interacted and responded to the residents and particularly to residents who exhibited responsive behaviours and residents with dementia.

Systems of communication were in place to support staff with providing safe and appropriate care. There were handover meetings each day to ensure good communication and continuity of care from one shift to the next. The inspector saw records of regular staff meetings at which operational and staffing issues were discussed. The inspector saw that staff had available to them copies of the Regulations and standards. In discussions with staff, they confirmed that they were supported to carry out their work by the person in charge. The inspector found staff to be well informed and knowledgeable regarding their roles, responsibilities and the residents' needs and life histories. There was evidence that residents knew staff well and engaged easily with them in personal conversations.

During previous inspections, inspectors required staffing levels to be kept under review, particularly in the evenings and at night. Based on current inspection findings, the inspector was 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. However one relative did report that she felt more staff were required in the evenings. The CNM assured the inspector that 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 two nurses were seen to be on duty at night and three nurses during the day. The person in charge was in addition to these numbers.

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. The inspector viewed a selection of staff files which generally contained the requirements of schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. However there was a newly recruited staff member who did not have any written references on file the CNM said they had asked the staff member to get the references and there was signatures in the staff file saying the CNM had contacted the referee. However there was no written proof of the discussion between the CNM and referee in the staff file. This was later produced following the inspection. In other staff files there were a number of references written to whom it may concern obtained by the staff member and not references specifically obtained by the centre for the role the staff member was to take on. There was no evidence that these references were verified. The inspector required that the centre adopt a more robust system of acquiring and verifying references prior to the employment of staff.

The inspector viewed evidence on this inspection that new staff underwent a comprehensive induction training programme and probationary period. Mandatory annual training was up to date for staff in fire safety, moving and handling, elder abuse and responsive behaviours (how people with dementia or other conditions communicate or express their physical discomfort, or discomfort with their social or physical environment). Medication management training was in place for nursing staff. Other training was provided and included; dementia, infection control, food safety, end of life, food and nutrition. Management also organised an education information matrix which involved monthly education sessions for residents 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. Dementia training was taking place on the afternoon of the inspection provided by an external trainer.

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 and continued to work well.

Judgment:

Substantially Compliant

Outcome 06: Safe and Suitable Premises

Theme:

Effective care and support

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

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

Findings:

Amberley Nursing Home was purpose built and opened in 2005. Access to the centre was through a secure locked entrance porch. This led 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 table cloths and centre pieces. The centre also offered an Oratory, two bathrooms, one with a hydrotherapy bath and a smoking room for residents use.

Since the previous inspection a store room had been converted to a single en-suite

bedroom. The inspectors viewed this room during the previous 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 and registration of the centre increased from 70 to 71. Residents' private accommodation comprised of 63 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. The inspector saw that rooms in the dementia specific unit had been further personalisation since the previous inspection to give them a more homely feel. The centre overall was in a good state of repair and appeared to be very clean throughout. There were two enclosed gardens containing a number of garden benches. There was a functioning call bell system throughout the centre.

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. Some improvements were seen in the main centre, however signage continue to require improvement.

The Secure unit/dementia specific unit comprised nine single bedrooms, a sitting room and a dining room. A secure garden was located with direct access from the dining room which was used in the summer months. However staff told the inspector that this was infrequently used in the winter and the inspector saw that there were a number of residents particularly residents who exhibited responsive behaviours who would benefit from a walk outside. Further attention is required to make the garden safer for walking and more dementia friendly. 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. Further considerations were required to include places of interest and stopping areas around the unit and main centre using tactile boards, seating areas, murals and signage to ensure the centre was compliant with the design principals of good dementia specific care. The CNM and staff discussed plans to make the unit more homely and dementia friendly by the introduction of reminiscence memorabilia inside and outside the building, better segregation of dining and living room areas and better use of the outdoor space particularly in the dementia unit.

On the previous inspection some residents reported feeling cold to inspectors. This issue was resolved on this inspection by use of individually controlled thermostats in resident's rooms.

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 inspector were found to be up to date. The

kitchen was well equipped and kitchen staff had been trained in Hazard Analysis Critical Control Points (HACCP). The food-handling training records were seen by the inspector.

Judgment:

Substantially 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 report¹

Centre name:	Amberley Home and Retirement Cottages
Centre ID:	OSV-0000189
Date of inspection:	16/01/2019
Date of response:	18/02/2019

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 01: Health and Social Care Needs

Theme:

Safe care and support

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

Care plans for some residents required further personalisation and further involvement of residents and relatives at end of life of life care planning is recommended to ensure the wishes of residents with dementia are fully reflected.

1. Action Required:

Under Regulation 05(3) you are required to: Prepare a care plan, based on the

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

assessment referred to in Regulation 5(2), for a resident no later than 48 hours after that resident's admission to the designated centre.

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

All care plans will be reviewed and receive further personalisation where appropriate. Residents and relatives will be further encouraged to become involved in end of life care planning with a view to ensuring that the wishes of residents with dementia are fully reflected.

Proposed Timescale: 15/06/2019

Outcome 02: Safeguarding and Safety

Theme:

Safe care and support

The Registered Provider (Stakeholder) 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 were not sufficiently robust as identified on the previous inspection.

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:

A separate pension account will be opened for residents' pension.

Proposed Timescale: 15/06/2019

Outcome 04: Complaints procedures

Theme:

Person-centred care and support

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

The complaints policy required review as the complaints policy differentiated between formal and informal complaints saying that informal complaints could be just documented in residents notes and formal complaints in the complaints log

3. Action Required:

Under Regulation 34(2) you are required to: Fully and properly record all complaints and the results of any investigations into the matters complained of and any actions taken on foot of a complaint are and ensure such records are in addition to and distinct from a resident's individual care plan.

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

Complaints policy is updated and there will not be any differentiation between formal and informal complaints.

Proposed Timescale: 12/02/2019

Outcome 05: Suitable Staffing

Theme:

Workforce

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

The system of acquiring and verifying staff references in the centre was not sufficiently robust.

4. Action Required:

Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

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

Going forward all references will be verified and evidence will be kept in the staff files.

Proposed Timescale: 15/06/2019

Outcome 06: Safe and Suitable Premises

Theme:

Effective care and support

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

Although the signage was good in the dementia specific unit, the signage in the main house continued to require review particularly in relation to the number of residents in the centre with dementia or a cognitive impairment.

Outdoor areas required review to ensure they were safe for use by residents with dementia and aspects of the centre could be improved to ensure the centre was consistent with the design principals of good dementia care.

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:

Further signage will be added to the centre to help residents with dementia. Plan in place to improve the safety features of the outdoor areas.

Proposed Timescale: 15/06/2019