

02 July 2007

Mr Liam Fitzgerald
Amberley House & Retirement Cottages
Acres
Fermoy
Co Cork

Inspection Report

Re: Inspection of Amberley House & Retirement Cottages under the Health (Nursing Homes) Act, 1990 and the Nursing Homes (Care and Welfare) Regulations, 1993.

Dear Mr Fitzgerald

The Nursing Homes Inspection Team from a Medical, Nursing and Environmental perspective inspected Amberley House & Retirement Cottages on 17 May 2007.

The inspection commenced at 10.00 am and was completed by 1.30 pm. This inspection was unannounced.

There were 29 residents on this date. The Nursing Home is currently fully registered for 47 residents.

Issues identified in the previous Inspection Report dated 08 December 2006 have been addressed satisfactorily.

Current Inspection

The following issues require your attention and action.

Article: 5 (b)

The registered proprietor and the person in charge shall ensure that there is provided for dependant persons maintained in a nursing home; (b) A high standard of nursing care.

Non-compliance(s): No foot support was provided to two residents using wheelchairs.

Required Action: Appropriate foot support needs to be provided for residents in wheelchairs.

Timescale: Immediate.

Article : 19.1

In every Nursing Home the following particulars shall be kept in a safe place in respect of each dependent person. (f) A record of drugs and medicines administered giving the date of the prescription, dosage, name of the drug or medicine, method of administration, signed and dated by a medical practitioner.

Non-compliance(s): The date of the prescription, the dosage and the signature of a medical practitioner was not present in some drug and medicine administration records.

Required Action: Please ensure that all aspects of Article 19.1 (f) are complied with.

Timescale: Immediate.

Recommendation: Further training of nursing and care staff in the correct use of wheelchairs needs to be provided.

The Nursing Home Inspection Team is to be notified in writing indicating the steps taken by the Nursing Home to carry out the actions as required under the Regulations.

Signed:

**Chairperson
Nursing Home
Inspection Team**

**Asst./DPHN
Nursing Home
Inspection Team**

**EHO
Nursing Home
Inspection Team**

Signed counterpart sent to Person-in-Charge of Nursing Home