



# Report of an inspection of a Designated Centre for Older People.

## Issued by the Chief Inspector

Name of designated centre:	Our Lady's Manor
Name of provider:	Our Lady's Manor Company Limited by Guarantee
Address of centre:	Bulloch Castle, Dalkey, Co. Dublin
Type of inspection:	Announced
Date of inspection:	26 March 2024
Centre ID:	OSV-0000080
Fieldwork ID:	MON-0042896

## About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Our Lady's Manor is a purpose-built centre, which can accommodate 118 male and female residents over the age of 18. The registered provider is Our Lady's Manor Incorporated, and the person in charge is supported by the nursing and healthcare assistant team. Twenty four hour nursing care is provided to residents of low, medium or high dependency by qualified staff with the relevant skills to meet the residents' needs.

All of the bedrooms are single, en suite rooms which residents are encouraged to personalise. Residents have access to an internal, secure garden and a balcony. The environment is non-institutional, a safe place to be, where resident's independence and confidence can be encouraged and maximised.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	113
--	-----

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Tuesday 26 March 2024	09:45hrs to 17:00hrs	Fiona Cawley	Lead
Tuesday 26 March 2024	09:45hrs to 17:00hrs	Sean Ryan	Support

## What residents told us and what inspectors observed

On the day of inspection, inspectors found that residents living in this centre were very well cared for and very well supported to live a good quality of life, by a dedicated team of staff who knew them very well. Feedback from residents was that this was a very good place to live, and that staff were kind, caring and attentive to their needs. Staff were observed to deliver care and support to residents which was kind and respectful and in line with their assessed needs.

This announced inspection took place over one day. There were 113 residents accommodated in the centre on the day of the inspection and five vacancies.

Following an introductory meeting with the person in charge and the quality manager, inspectors completed a tour of the building. Our Lady's Manor was located in Dalkey, Co. Dublin. The centre was a five-storey building and provided accommodation for 118 residents. The living and accommodation areas were on the third, fourth and fifth floors which were serviced by accessible lifts. Bedroom accommodation comprised of single bedrooms which provided residents with sufficient space to live comfortably, and adequate space to store personal belongings. All bedrooms had ensuite bathroom facilities. Residents' bedrooms were bright and spacious, and provided residents with sufficient space to live comfortably, and with adequate space to store personal belongings. Many bedrooms were personalised, and decorated according to each resident's individual preference. Residents were encouraged to decorate their bedrooms with personal items of significance, such as ornaments and photographs. Some residents displayed pieces of artwork. Communal areas included a large reception area, sitting rooms, dining rooms and an activities room, a chapel and a reading room. There were also seating areas provided along corridors which provided residents with pleasant views of the outdoors. Residents commented on the beautiful views of the harbour and the garden areas which could be seen from many of the communal areas and bedrooms. There was a coffee shop on site which was very well utilised by residents and visitors throughout the day.

There was safe, unrestricted access to outdoor areas for residents to use. These areas included landscaped gardens which contained a variety of suitable garden furnishings and seasonal plants, and a secure balcony with sea views.

The premises was laid out to meet the needs of residents, and to encourage and aid independence. The centre was very clean, tidy and well maintained. Corridors were sufficiently wide to accommodate residents with walking aids and there were appropriately placed hand rails to support residents to walk independently around the centre. Call-bells were available in all areas and answered in a timely manner. The centre was bright, warm and well ventilated throughout. All areas were found to be appropriately decorated, with communal areas observed to be suitably styled and furnished to create a homely environment for residents.

As inspectors walked through the centre, residents were observed in the various areas, and it was evident that residents' choices and preferences in their daily routines were respected. Some residents were relaxing in the communal areas, while other residents mobilised freely or with assistance around the building. A number of residents were attending mass, while other residents were having their care needs attended to by staff. As the day progressed, residents were observed in the communal areas, watching TV, reading, chatting to one another and staff or participating in activities. Other residents were observed socialising in the coffee shop with their visitors and with each other. A small number of residents chose to spend time relaxing in the comfort of their bedrooms.

Inspectors observed that staff were kind, patient, and very attentive to residents' needs. While staff were seen to be busy, they were observed to respond to residents' requests for assistance promptly and in an unhurried manner. Staff supervised communal areas appropriately, and those residents who chose to remain in their rooms, or who were unable to join the communal areas were supported by staff throughout the day. Staff who spoke with inspectors were very knowledgeable about residents and their needs. Inspectors observed that personal care was attended to a very good standard. There was a pleasant atmosphere throughout the centre and friendly, and familiar chats could be heard between residents, visitors and staff.

Residents' feedback provided an insight of their lived experience in the centre. Residents spoke positively about their experience of living in the centre. They said that staff respected their choices and treated them with dignity and respect. One resident described the centre as 'five star'. Residents said that staff were very kind and always provided them with everything they needed to live comfortably. One resident described how staff always ensured their personal phone and tablet were charged every night, while another resident told inspectors that 'the bed linen was changed daily and clothing was washed and handled with care'. Residents detailed how they were supported to engage in activities of their choosing, and pursue interests that involved an element of positive risk-taking. For example, some residents were supported to drive to the village to meet with relatives and friends, while other residents went for walks by the sea front and visited local amenities such as shops, cafes, and restaurants. Residents told inspectors that this made them feel 'respected' because staff recognised how their social life was an integral part of their overall wellbeing. A number of residents talked about the presence of the chapel in the centre and described the importance of this to their daily lives. Residents told inspectors that they were very happy with their bedroom accommodation and general surroundings, which were comfortable and suitable for their needs. A number of residents told inspectors that they loved to sit by the windows which the harbour. Other residents praised the availability of the coffee shop. Residents said that they felt safe, and that they could freely speak with staff if they had any concerns or worries. Residents who were unable to speak with inspectors were observed to be content and comfortable in their surroundings.

Visitors were observed coming and going throughout the day. Inspectors spoke with a number of visitors who were very satisfied with the care provided to their loved ones. One visitor told inspectors that their loved one had 'great quality of life and

was extremely happy' in the centre.

Residents told inspectors that they had plenty to do every day and that they looked forward to the daily activities, as they were the most enjoyable part of their day. The activities in the centre were observed to play a vital role in supporting the social care needs of residents. Residents described the variety of activities available to them which included arts and crafts, bingo, quizzes and live music events. Resident were observed discussing their choice of activities and arranging to meet each other at these activities. Inspectors observed a number of group activities taking place, including an exercise class and a classical music concert in the afternoon, which were well attended by residents. Inspectors observed that staff ensured that all residents were facilitated to be actively involved in activities. Residents also had access to television, radio, internet, newspapers and books.

The dining experience was observed to be a social, relaxed occasion, and inspectors saw that the food was appetising and well-presented. One resident said mealtimes 'are like a restaurant'. Residents were assisted by staff, where required, in a sensitive and discreet manner. Other residents were supported to enjoy their meals independently. Residents told inspectors that they had a choice of meals and drinks available to them every day, and they were very complimentary about the quality of food.

Residents' personal clothing was laundered on-site. Residents expressed their satisfaction with the service provided, and described how staff took care with their personal clothing and returned it promptly to their bedroom.

In summary, residents were receiving a good service from a responsive team of staff delivering safe and appropriate person-centred care and support to residents.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being delivered. The levels of compliance are detailed under the individual regulations.

## Capacity and capability

This was an announced inspection carried out by inspectors of social services to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended).

The registered provider of Our Lady's Manor was Our Lady's Manor CLG. The governance and management was well organised, and the centre was well resourced to ensure that residents were supported to have a good quality of life. There was a clearly defined organisational structure in place, with identified lines of authority and accountability. There was a person nominated to represent the registered provider, and this person was also the person in charge. They were

supported in the role by a local management team that included a quality assurance and risk manager, two assistant directors of nursing, a medical advisor, a resident medical officer and a pastoral minister. The management of the centre was further supported by six clinical nurse managers and a full complement of staff including nursing and care staff, activity, housekeeping, catering, administrative and maintenance staff. The management team were a visible presence in the centre and were well known to the residents and staff. There were systems in place to ensure appropriate deputising arrangements, in the absence of the person in charge.

Inspectors found that this was a well-managed centre, and that the quality and safety of the services provided to residents were of a good standard. The findings of the inspection reflected a commitment from the provider to ongoing quality improvement that would continue to enhance the daily lives of residents.

On the day of the inspection, there were sufficient numbers of suitably qualified staff available to support residents' assessed needs. Staff had the required skills, competencies, and experience to fulfil their roles. The team providing direct care to residents consisted of registered nurses and a team of healthcare assistants. Communal areas were appropriately supervised, and inspectors observed kind and considerate interactions between staff and residents. Teamwork was very evident throughout the day.

The provider had management systems in place to monitor and review the quality of the service provided for residents. A range of clinical and environmental audits had been completed. These audits reviewed practices such as, care planning, management of nutrition and weight loss, the use of restrictive practices, medication management, wound care, and infection control. Where areas for improvement were identified, action plans were developed and completed. In addition, key aspects of the quality of the service were reviewed by managers on a monthly basis. This included information in relation to use of antibiotics, falls, care plans, weight loss management, clinical and environmental audits and policies. A comprehensive annual review of the quality and safety of the services had been completed for 2023, and included a quality improvement plan for 2024.

There was evidence of effective communication systems in the centre. Regular management team meetings had taken place. Minutes of meetings reviewed by inspectors showed that a wide range of relevant issues were discussed, for example, restrictive practices, infection control, complaints, safeguarding, audits, risk, and training. The management team also met with staff on a regular basis and discussed topics such as, fire safety, complaints, falls, training, resident issues and other relevant topics.

The policies and procedures, as required by Schedule 5 of the regulations, were available to staff, providing guidance on how to deliver safe care to the residents.

Staff had access to education and training appropriate to their role. Staff were facilitated to attend training appropriate to their role. This included fire safety, manual handling, safeguarding, managing behaviour that is challenging, and infection prevention and control training. There were arrangements in place to



provide supervision and support to staff.

The provider had systems in place to ensure that the records, set out in the regulations, were available, safe and accessible and maintained in line with the requirements of the regulations.

There was an effective system of risk management in the centre. The centre had a risk register which identified clinical and environmental risks, and the controls required to mitigate those risks. Arrangements for the identification and recording of incidents was in place.

The centre had a complaints policy and procedure which clearly outlined the process of raising a complaint or a concern. Information regarding the process was clearly displayed in the centre.

### Regulation 15: Staffing

There was sufficient staff on duty, with appropriate skill mix, to meet the needs of the residents, taking into account the size and layout of the designated centre.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff had access to mandatory training and staff had completed all necessary training appropriate to their role.

Judgment: Compliant

### Regulation 19: Directory of residents

The directory of residents contained all the information specified in paragraph 3 of Schedule 3 of the regulations.

Judgment: Compliant

### Regulation 21: Records

Records were stored securely and readily accessible. Inspectors reviewed a number of staff personnel records, which were found to have all the necessary requirements, as set out in Schedule 2 of the regulations.

Judgment: Compliant

### Regulation 23: Governance and management

There were effective governance arrangements in the centre. There was a clearly defined management structure in place with identified lines of authority and accountability. There were sufficient resources available and an effective monitoring system in place to ensure positive outcomes for residents living in the centre.

Judgment: Compliant

### Regulation 24: Contract for the provision of services

The provider ensured each resident was provided with a contract for the provision of services, in line with regulatory requirements.

Judgment: Compliant

### Regulation 34: Complaints procedure

There was an effective complaints procedure in place which met the requirements of Regulation 34.

Judgment: Compliant

### Regulation 4: Written policies and procedures

The policies required by Schedule 5 of the regulations were in place, and updated in line with regulatory requirements.

Judgment: Compliant

## Quality and safety

Residents living in Our Lady's Manor received a good standard of care and support which ensured that they were safe, and that they could enjoy a good quality of life. Residents were satisfied with their access to health care, and reported feeling safe and content living in the centre. There was a person-centred approach to care, and residents' well-being and independence were promoted.

Residents had a comprehensive assessment of their needs completed prior to admission to the centre to ensure the service could meet their health and social care needs. Following admission, a range of clinical assessments were carried out using validated assessment tools. The outcomes were used to develop an individualised care plan for each resident which addressed their individual health and social care needs. A sample of residents' records were reviewed and inspectors found that care plans reflected person-centred guidance on the current care needs of residents. Care plans were initiated within 48 hours of admission to the centre, and reviewed every four months or as changes occurred, in line with regulatory requirements. Nursing and care staff were knowledgeable regarding the care needs of the residents.

A review of residents' records found that there was regular communication with residents' general practitioner (GP) regarding their health care needs. Residents were provided with access to their GP, as requested or required. Arrangements were in place for residents to access the expertise of health and social care professionals for further expert assessment and treatment, in line with their assessed need. This included access to the services of speech and language therapy, dietetics, occupational therapy, physiotherapy, and tissue viability nursing expertise.

There was appropriate oversight and monitoring of the incidence of restrictive practices in the centre. There were a number of residents who required the use of bed rails, and records reviewed showed that appropriate risk assessments had been carried out in consultation with the multidisciplinary team and resident concerned.

A safeguarding policy provided guidance to staff with regard to protecting residents from the risk of abuse. Staff demonstrated an appropriate awareness of the centres' safeguarding policy and procedures, and demonstrated awareness of their responsibility in recognising and responding to allegations of abuse. Residents reported that they felt safe living in the centre.

The needs and preferences of residents who had difficulty communicating were actively identified by staff, and efforts made to support residents to communicate their views and needs directly. Residents who required supportive equipment to communicate were provided with such equipment. Residents care plans reflected their communication needs and preferences.

Residents' rights were promoted in the centre. Staff demonstrated an understanding of residents' rights and supported residents to exercise their rights and choice, and

the ethos of care was person-centred. Residents' choice was respected and facilitated in the centre. Residents could retire to bed and get up when they choose. Activities were observed to be provided by dedicated activities staff, with the support of health care staff. Residents complimented the provision of activities in the centre and the social aspect of the activities on offer. Residents attended regular meetings and contributed to the organisation of the service. Satisfaction surveys were carried out with residents with positive results. Residents confirmed that their feedback was used to improve the quality of the service they received. Residents were kept informed about services they could access, if needed. This included independent advocacy services.

Residents who were assessed as being at risk of malnutrition were appropriately monitored. Residents' needs in relation to their nutrition and hydration were well documented and known to the staff. Appropriate referral pathways were established to ensure residents assessed as at risk of malnutrition were referred for further assessment by an appropriate health professional.

The premises was designed and laid out to meet the needs of residents. The provider had completed significant refurbishment of the centre to improve the provision of en-suite showering facilities for residents.

There were appropriate infection prevention and control policies and procedures in place, consistent with the National Standards for Infection Prevention and Control (IPC) in Community Settings published by the Authority. The provider had taken action to ensure the physical environment supported effective infection prevention and control measures, and reduced the risk of cross infection. The provider had a nominated infection prevention and control link practitioner who increased awareness of infection prevention and control in the centre, and antimicrobial stewardship issues locally. The centre was visibly clean on inspection. There were effective quality assurance processes in place to ensure a satisfactory standard of environmental and equipment hygiene was maintained. Equipment to support effective decontamination of equipment was serviced at regular intervals, and staff demonstrated an appropriate awareness of the centres policies and supporting procedures that underpinned the provision of a safe service that protected residents from the risk of infection. Housekeeping staff provided a demonstration of the cleaning procedure and system that was observed to conform to best practice guidelines.

## Regulation 10: Communication difficulties

The registered provider had arrangements in place to ensure residents who experienced communications difficulties were appropriately assessed and supported to enable residents to make informed choices and decisions.

Staff demonstrated an appropriate knowledge of each residents communications needs, and the aids and appliances required by some residents to support their

needs, in line with the residents individual care plan.

Judgment: Compliant

### Regulation 11: Visits

The registered provider had arrangements in place for residents to receive visitors. Those arrangements were found not to be restrictive, and there was adequate private space for residents to meet their visitors.

Judgment: Compliant

### Regulation 12: Personal possessions

Residents living in the centre had appropriate access to and maintained control over their personal possessions.

Laundry services were on-site, and there were no issues raised by residents regarding laundry.

Judgment: Compliant

### Regulation 17: Premises

The design and layout of the centre was suitable for the number and needs of the residents accommodated there.

Judgment: Compliant

### Regulation 18: Food and nutrition

Residents had access to adequate quantities of food and drink, including a safe supply of drinking water. A varied menu was available daily providing a range of choices to all residents including those on a modified diet. Residents were monitored for weight loss, and were provided with access dietetic services when required. There were sufficient numbers of staff to assist residents at mealtimes.

Judgment: Compliant

### Regulation 20: Information for residents

The provider had prepared a guide for residents which contained the requirements of the regulation.

Judgment: Compliant

### Regulation 26: Risk management

There was an up-to-date risk management policy and associated risk register that identified risks and control measures in place to manage those risks. The risk management policy contained all of the requirements set out under Regulation 26(1).

Judgment: Compliant

### Regulation 27: Infection control

The centre had procedures in place for the prevention and control of healthcare associated infections. Staff had access to infection prevention and control training, and procedures were in place for cleaning and decontamination of the environment and equipment used by residents. There was adequate personal protective equipment and hand sanitisers available throughout the centre.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

Residents' care plans were developed following assessment of need using validated assessment tools. Care plans were seen to be person-centred, and updated at regular intervals.

Judgment: Compliant

## Regulation 6: Health care

Residents had timely access health and social care professional support to meet their needs. Residents had a choice of general practitioner (GP) who attended the centre as required or requested.

Services such as physiotherapy were available to residents and services such as tissue viability nursing expertise, speech and language and dietetics were available through a system of referral.

Judgment: Compliant

## Regulation 7: Managing behaviour that is challenging

The provider promoted a restraint-free environment in the centre, in line with local and national policy. The provider had regularly reviewed the use of restrictive practises to ensure appropriate usage.

Judgment: Compliant

## Regulation 8: Protection

There were systems in place to safeguard residents and protect them from the risk of abuse. Safeguarding training was up-to-date for all staff and a safeguarding policy provided staff with support and guidance in recognising and responding to allegations of abuse. Residents reported that they felt safe living in the centre. The provider did not act as a pension agent for any residents living in the centre.

Judgment: Compliant

## Regulation 9: Residents' rights

Residents' rights were upheld in the designated centre. Inspectors saw that residents' privacy and dignity was respected. Residents told inspectors that they were well looked after and that they had a choice about how they spent their day. Inspectors observed that residents' privacy and dignity was respected.

Judgment: Compliant





## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant